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**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** BlueChoice- ON-EXCHANGE  
**Project Name/Number:** DC BC IND64- ACA ON-EXCHANGE/2173

## Filing at a Glance

Company: CareFirst BlueChoice, Inc.  
Product Name: BlueChoice- ON-EXCHANGE  
State: District of Columbia  
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)  
Sub-TOI: HOrg02I.005D Individual - HMO  
Filing Type: Rate  
Date Submitted: 05/01/2017  
SERFF Tr Num: CFAP-131010729  
SERFF Status: Assigned  
State Tr Num:  
State Status:  
Co Tr Num: 2173  
  
Implementation: 01/01/2018  
Date Requested:  
Author(s): Dwayne Lucado, Anna Guloy, Shane Kontir, Cory Bream, Patrick Getts, Britney Tyler, Scott Cremens, Paul Fruth, Joshua Phelps  
Reviewer(s): Efren Tanhehco (primary), John Morgan, Damon Siler, Dave Dillon  
Disposition Date:  
Disposition Status:  
Implementation Date:  
  
State Filing Description:

**State:** District of Columbia  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** BlueChoice- ON-EXCHANGE  
**Project Name/Number:** DC BC IND64- ACA ON-EXCHANGE/2173

**Filing Company:** CareFirst BlueChoice, Inc.

## General Information

Project Name: DC BC IND64- ACA ON-EXCHANGE

Project Number: 2173

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 35.5%

Deemer Date:

Submitted By: Shane Kontir

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 05/02/2017

State Status Changed:

Created By: Shane Kontir

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by CareFirst BlueChoice, Inc. to Individuals Under 65 on the D.C. Exchange. We are submitting 7 benefit plans on the D.C. Exchange.

## Company and Contact

### Filing Contact Information

Shane Kontir, Senior Actuarial Analyst

10455 Mill Run Circle

Owings Mills, MD 21117

shane.kontir@carefirst.com

410-998-4440 [Phone]

410-998-7704 [FAX]

### Filing Company Information

CareFirst BlueChoice, Inc.

840 First Street NE

Washington, DC 20065

(410) 581-3000 ext. [Phone]

CoCode: 96202

Group Code:

Group Name:

FEIN Number: 52-1358219

State of Domicile: District of  
Columbia

Company Type: Health  
Maintenance Organization

State ID Number:

## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	BlueChoice- ON-EXCHANGE		
Project Name/Number:	DC BC IND64- ACA ON-EXCHANGE/2173		

## Correspondence Summary

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Notes on this Filing	Note To Filer	Damon Siler	05/04/2017	05/04/2017
Overall Rate Impact	Note To Reviewer	Shane Kontir	05/02/2017	05/02/2017

**State:** District of Columbia  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
**Product Name:** BlueChoice- ON-EXCHANGE  
**Project Name/Number:** DC BC IND64- ACA ON-EXCHANGE/2173

**Filing Company:** CareFirst BlueChoice, Inc.

## Note To Filer

**Created By:**

Damon Siler on 05/04/2017 02:05 PM

**Last Edited By:**

Damon Siler

**Submitted On:**

05/04/2017 02:05 PM

**Subject:**

Notes on this Filing

**Comments:**

1) We have noticed that every page of the Actuarial Memorandum has been marked as "Confidential -Sensitive and Proprietary Financial Information." Please remove this restriction as the public might need some of the info prior to the final rates approval. Additionally, Federal Instructions for the Part III Memorandum indicate that you are to submit two versions of the memo, one with information redacted (ispecific trade secret and financial information, not the entire memo).

2) Please provide all the filing Exhibits in Excel format with working formulas.

3) The Actuarial Memorandum appears to be just a set of exhibits, with little or no explanation or description of the processes used to calculate assumptions. Several of the exhibits are logical and easy to follow, but others require additional detail for us to make an objective appraisal of the assumptions. While you have provided a Part III Actuarial Memorandum, it is only four pages and does not provide much detail in the form of explanations needed to understand the exhibits (example below).

For example, how was the projected 2018 AV estimated in Exhibit 5?

Exhibit 5 - Induced Utilization Adjustment Factor

YearActuarial ValueInduced Demand Factor

(1)2016 79.6%1.078

(2)Projected 201878.7%1.073

(3)Adjustment\*0.996(2)/(1)

\*Applied to all service categories except capitations

Please provide us with more detailed, descriptive explanations of the actuarial processes/methodologies used in those exhibits presented.

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**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** BlueChoice- ON-EXCHANGE  
**Project Name/Number:** DC BC IND64- ACA ON-EXCHANGE/2173

## Note To Reviewer

**Created By:**

Shane Kontir on 05/02/2017 10:42 AM

**Last Edited By:**

Shane Kontir

**Submitted On:**

05/02/2017 10:42 AM

**Subject:**

Overall Rate Impact

**Comments:**

Please note, the "Overall Rate Impact" in the General Information section is incorrect. The correct rate change can be seen in the Rate/Rule Schedule section and in the filings.

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
<b>Product Name:</b>	BlueChoice- ON-EXCHANGE		
<b>Project Name/Number:</b>	DC BC IND64- ACA ON-EXCHANGE/2173		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	22.800%
<b>Effective Date of Last Rate Revision:</b>	01/01/2017
<b>Filing Method of Last Filing:</b>	SERFF

## Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
CareFirst BlueChoice, Inc.	Increase	39.600%	39.600%	\$9,433,330	5,136	\$23,841,358	45.900%	32.300%

**State:** District of Columbia  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** BlueChoice- ON-EXCHANGE  
**Project Name/Number:** DC BC IND64- ACA ON-EXCHANGE/2173

## Rate Review Detail

### COMPANY:

Company Name: CareFirst BlueChoice, Inc.  
 HHS Issuer Id: 86052

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BlueChoice HMO	86052DC040		6176

Trend Factors:

### FORMS:

New Policy Forms: DC/CFBC/DB/INCENT (R. 1/18), DC/CFBC/EXC/2018 AMEND (1/18), DC/CFBC/EXC/HMO HSA STD/BRZ 6200 (1/18), DC/CFBC/EXC/HMO HSA STD/GOLD 1500 (1/18), DC/CFBC/EXC/HMO STD /NATAMER 0 (1/18), DC/CFBC/EXC/HMO STD NATAMER 0 (1/18), DC/CFBC/EXC/HMO STD/BRZ 6000 (1/18), DC/CFBC/EXC/HMO STD/GOLD 500 (1/18), DC/CFBC/EXC/HMO STD/PLAT 0 (1/18), DC/CFBC/EXC/HMO STD/SIL 3500 (1/18), DC/CFBC/EXC/HMO STD/SIL 3500 A (1/18), DC/CFBC/EXC/HMO STD/SIL 3500 B (1/18), DC/CFBC/EXC/HMO STD/SIL 3500 C (1/18), DC/CFBC/EXC/HMO/ YA 7350 SOB (1/18), DC/CFBC/EXC/HMO/NATAMER SOB (1/18)

Affected Forms:

Other Affected Forms: DC CFBC EXC HMO DOCS (1/17), DC CFBC EXC HMO IEA (R 1/17), DC/CFBC/DOL APPEAL (R. 1/17), DC/CFBC/EXC/NATAMER (1/14), DC/CFBC/MEM/BLCRD (R. 1/17), DC/CFBC/PT PROTECT (9/10)

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
 Member Months: 79,992  
 Benefit Change: Increase  
 Percent Change Requested: Min: 32.3 Max: 45.9 Avg: 39.6

### PRIOR RATE:

Total Earned Premium: 23,841,358.00  
 Total Incurred Claims: 18,424,648.00  
 Annual \$: Min: 129.31 Max: 473.07 Avg: 286.78

### REQUESTED RATE:

Projected Earned Premium: 33,289,972.00  
 Projected Incurred Claims: 25,356,504.00  
 Annual \$: Min: 171.06 Max: 643.74 Avg: 400.44

State: District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: BlueChoice- ON-EXCHANGE

Project Name/Number: DC BC IND64- ACA ON-EXCHANGE/2173

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2173 DC BlueChoice - Exchange (2018) - Rate Filing - Individual	DC CFBC EXC HMO DOCS (1/17), DC CFBC EXC HMO IEA (R. 1/17), DC/CFBC/DOL APPEAL (R. 1/17), DC/CFBC/EXC/NATAMER (1/14), DC/CFBC/MEM/BLCRD (R. 1/17), DC/CFBC/PT PROTECT (9/10), DC/CFBC/DB/INCENT (R. 1/18), DC/CFBC/EXC/2018 AMEND (1/18), DC/CFBC/EXC/HMO HSA STD/BRZ 6200 (1/18), DC/CFBC/EXC/HMO HSA STD/GOLD 1500 (1/18), DC/CFBC/EXC/HMO STD /NATAMER 0 (1/18), DC/CFBC/EXC/HMO STD NATAMER 0 (1/18), DC/CFBC/EXC/HMO STD/BRZ 6000 (1/18), DC/CFBC/EXC/HMO STD/GOLD 500 (1/18), DC/CFBC/EXC/HMO STD/PLAT 0 (1/18), DC/CFBC/EXC/HMO STD/SIL 3500 (1/18), DC/CFBC/EXC/HMO STD/SIL 3500 A (1/18), DC/CFBC/EXC/HMO STD/SIL 3500 B (1/18), DC/CFBC/EXC/HMO STD/SIL 3500 C (1/18), DC/CFBC/EXC/HMO/ YA 7350 SOB (1/18), DC/CFBC/EXC/HMO/NATAME R SOB (1/18)	Revised	Previous State Filing Number: CFAP-130549428 Percent Rate Change Request: 39.6	2173 DC BlueChoice - Exchange (2018) - Rate Filing - Individual.pdf,



**BlueChoice Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 96202)  
Rate Filing # 2173**

**D.C. Individual Products  
Rates Effective 1/1/2018**

**Rates & Factors**

**BlueChoice Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 96202)**

**Rates & Factors  
Table of Contents**  
**Rates Effective 1/1/2018**

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BlueChoice HMO Young Adult \$7,350	5
BlueChoice HMO Standard Bronze \$6,000	6
BlueChoice HMO HSA Standard Bronze \$6,200	7
BlueChoice HMO Standard Silver \$3,500	8
BlueChoice HMO Standard Gold \$500	9
BlueChoice HMO HSA Gold \$1,500	10
BlueChoice HMO Standard Platinum \$0	11

**BlueChoice Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**D.C. Individual Products**  
**Rates Effective 1/1/2018**  
**Form Numbers**

**Form Numbers Associated With This ACA Filing:**

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**BlueChoice HMO**

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DC CFBC EXC HMO DOCS (1/17)  
DC CFBC EXC HMO IEA (R 1/17)  
DC/CFBC/DOL APPEAL (R. 1/17)  
DC/CFBC/EXC/NATAMER (1/14)  
DC/CFBC/MEM/BLCRD (R. 1/17)  
DC/CFBC/PT PROTECT (9/10)  
DC/CFBC/DB/INCENT (R. 1/18)  
DC/CFBC/EXC/2018 AMEND (1/18)  
DC/CFBC/EXC/HMO HSA STD/BRZ 6200 (1/18)  
DC/CFBC/EXC/HMO HSA STD/GOLD 1500 (1/18)  
DC/CFBC/EXC/HMO STD /NATAMER 0 (1/18)  
DC/CFBC/EXC/HMO STD NATAMER 0 (1/18)  
DC/CFBC/EXC/HMO STD/BRZ 6000 (1/18)  
DC/CFBC/EXC/HMO STD/GOLD 500 (1/18)  
DC/CFBC/EXC/HMO STD/PLAT 0 (1/18)  
DC/CFBC/EXC/HMO STD/SIL 3500 (1/18)  
DC/CFBC/EXC/HMO STD/SIL 3500 A (1/18)  
DC/CFBC/EXC/HMO STD/SIL 3500 B (1/18)  
DC/CFBC/EXC/HMO STD/SIL 3500 C (1/18)  
DC/CFBC/EXC/HMO/ YA 7350 SOB (1/18)  
DC/CFBC/EXC/HMO/NATAMER SOB (1/18)

**BlueChoice Inc.**  
**D.C. Individual Products, Rates Effective 1/1/2018**

**Age Factors**

<b>Age</b>	<b>Factor</b>
0-20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

**BlueChoice Inc.**  
Individual On Exchange  
**DISTRICT OF COLUMBIA**  
**BlueChoice HMO Young Adult \$7,350**  
Proposed Monthly Premium Rates Effective 1/1/2018

Consumer Adjusted Rate **\$171.06**

Age	Monthly Premium
0-20	\$111.87
21	\$124.36
22	\$124.36
23	\$124.36
24	\$124.36
25	\$124.36
26	\$124.36
27	\$124.36
28	\$127.27
29	\$130.01
30	\$133.26
31	\$136.68
32	\$139.76
33	\$143.01
34	\$146.43
35	\$149.85
36	\$153.27
37	\$156.69
38	\$158.57
39	\$160.45
40	\$166.78
41	\$173.28
42	\$180.13
43	\$187.14
44	\$194.50
45	\$202.02
46	\$209.89
47	\$218.10
48	\$226.65
49	\$235.55
50	\$244.79
51	\$254.37
52	\$264.29
53	\$274.55
54	\$285.33
55	\$296.45
56	\$308.08
57	\$320.05
58	\$332.54
59	\$345.54
60	\$359.05
61	\$373.08
62	\$373.08
63	\$373.08
64+	\$373.08

Summary of Member Cost-Shares

	<u>In Network</u>
DEDUCTIBLE	\$7,350
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$7,350
Office Copays	\$0 PCP /\$0 Specialist
Drug:	\$0 Generic, \$0 Preferred Brand
after deductible	\$0 Non-Preferred Brand Coinsurance
Drug and Medical Combined for OOP Max	

**BlueChoice Inc.**  
Individual On Exchange  
**DISTRICT OF COLUMBIA**  
**BlueChoice HMO Standard Bronze \$6,000**  
Proposed Monthly Premium Rates Effective 1/1/2018

Consumer Adjusted Rate **\$366.65**

Age	Monthly Premium
0-20	\$239.79
21	\$266.55
22	\$266.55
23	\$266.55
24	\$266.55
25	\$266.55
26	\$266.55
27	\$266.55
28	\$272.79
29	\$278.65
30	\$285.62
31	\$292.95
32	\$299.55
33	\$306.52
34	\$313.85
35	\$321.19
36	\$328.52
37	\$335.85
38	\$339.88
39	\$343.92
40	\$357.48
41	\$371.42
42	\$386.08
43	\$401.12
44	\$416.88
45	\$433.01
46	\$449.88
47	\$467.48
48	\$485.81
49	\$504.88
50	\$524.68
51	\$545.21
52	\$566.47
53	\$588.47
54	\$611.57
55	\$635.40
56	\$660.34
57	\$686.00
58	\$712.77
59	\$740.63
60	\$769.60
61	\$799.66
62	\$799.66
63	\$799.66
64+	\$799.66

**Summary of Member Cost-Shares**

	<u>In Network</u>
DEDUCTIBLE	\$6,000
COINSURANCE	25%
OUT-OF-POCKET MAXIMUM	\$7,350
Office Copays	\$50 PCP /\$75 Specialist
Drug:	\$25 Generic, \$75 Preferred Brand
	\$100 Non-Preferred Brand Coinsurance
Drug and Medical Combined for OOP Max	

**BlueChoice Inc.**Individual On Exchange  
DISTRICT OF COLUMBIABlueChoice HMO HSA Standard Bronze \$6,200  
Proposed Monthly Premium Rates Effective 1/1/2018Consumer Adjusted Rate **\$306.36**

Age	Monthly Premium
0-20	\$200.36
21	\$222.72
22	\$222.72
23	\$222.72
24	\$222.72
25	\$222.72
26	\$222.72
27	\$222.72
28	\$227.93
29	\$232.83
30	\$238.65
31	\$244.78
32	\$250.30
33	\$256.12
34	\$262.24
35	\$268.37
36	\$274.50
37	\$280.63
38	\$284.00
39	\$287.37
40	\$298.70
41	\$310.34
42	\$322.60
43	\$335.16
44	\$348.33
45	\$361.81
46	\$375.90
47	\$390.61
48	\$405.93
49	\$421.86
50	\$438.40
51	\$455.56
52	\$473.33
53	\$491.71
54	\$511.01
55	\$530.92
56	\$551.75
57	\$573.20
58	\$595.56
59	\$618.85
60	\$643.05
61	\$668.17
62	\$668.17
63	\$668.17
64+	\$668.17

## Summary of Member Cost-Shares

	<u>In Network</u>
DEDUCTIBLE	\$6,200
COINSURANCE	20%
OUT-OF-POCKET MAXIMUM	\$6,550
Office Copays	20% Coinsurance, after deductible
Drug:	20% Generic, 20% Preferred Brand 20% Non-Preferred Brand Coinsurance
Drug and Medical Combined for OOP Max	

**BlueChoice Inc.**Individual On Exchange  
DISTRICT OF COLUMBIA**BlueChoice HMO Standard Silver \$3,500**

Proposed Monthly Premium Rates Effective 1/1/2018

Consumer Adjusted Rate **\$420.03**

Age	Monthly Premium
0-20	\$274.70
21	\$305.36
22	\$305.36
23	\$305.36
24	\$305.36
25	\$305.36
26	\$305.36
27	\$305.36
28	\$312.50
29	\$319.22
30	\$327.20
31	\$335.60
32	\$343.16
33	\$351.15
34	\$359.55
35	\$367.95
36	\$376.35
37	\$384.75
38	\$389.37
39	\$393.99
40	\$409.53
41	\$425.49
42	\$442.29
43	\$459.51
44	\$477.57
45	\$496.06
46	\$515.38
47	\$535.54
48	\$556.54
49	\$578.38
50	\$601.06
51	\$624.58
52	\$648.95
53	\$674.15
54	\$700.61
55	\$727.91
56	\$756.47
57	\$785.88
58	\$816.54
59	\$848.46
60	\$881.64
61	\$916.09
62	\$916.09
63	\$916.09
64+	\$916.09

## Summary of Member Cost-Shares

	<u>In Network</u>
DEDUCTIBLE	\$3,500
COINSURANCE	20%
OUT-OF-POCKET MAXIMUM	\$6,250
Office Copays	\$40 PCP /\$80 Specialist
Drug:	\$15 Generic, \$50 Preferred Brand \$70 Non-Preferred Brand Coinsurance
Drug and Medical Combined for OOP Max	



**BlueChoice Inc.**  
Individual On Exchange  
**DISTRICT OF COLUMBIA**  
**BlueChoice HMO Standard Gold \$500**  
Proposed Monthly Premium Rates Effective 1/1/2018

Consumer Adjusted Rate **\$553.86**

Age	Monthly Premium
0-20	\$362.22
21	\$402.66
22	\$402.66
23	\$402.66
24	\$402.66
25	\$402.66
26	\$402.66
27	\$402.66
28	\$412.07
29	\$420.93
30	\$431.46
31	\$442.53
32	\$452.50
33	\$463.03
34	\$474.10
35	\$485.18
36	\$496.26
37	\$507.34
38	\$513.43
39	\$519.52
40	\$540.01
41	\$561.06
42	\$583.21
43	\$605.92
44	\$629.74
45	\$654.11
46	\$679.59
47	\$706.17
48	\$733.86
49	\$762.67
50	\$792.57
51	\$823.59
52	\$855.71
53	\$888.95
54	\$923.84
55	\$959.84
56	\$997.50
57	\$1,036.27
58	\$1,076.70
59	\$1,118.80
60	\$1,162.55
61	\$1,207.97
62	\$1,207.97
63	\$1,207.97
64+	\$1,207.97

Summary of Member Cost-Shares

	<u>In Network</u>
DEDUCTIBLE	\$500
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$3,500
Office Copays	\$25 PCP /\$50 Specialist
Drug:	\$15 Generic, \$50 Preferred Brand
	\$70 Non-Preferred Brand Coinsurance
Drug and Medical Combined for OOP Max	

**BlueChoice Inc.**Individual On Exchange  
**DISTRICT OF COLUMBIA****BlueChoice HMO HSA Gold \$1,500**

Proposed Monthly Premium Rates Effective 1/1/2018

Consumer Adjusted Rate **\$457.71**

Age	Monthly Premium
0-20	\$299.34
21	\$332.76
22	\$332.76
23	\$332.76
24	\$332.76
25	\$332.76
26	\$332.76
27	\$332.76
28	\$340.54
29	\$347.86
30	\$356.56
31	\$365.71
32	\$373.95
33	\$382.65
34	\$391.80
35	\$400.95
36	\$410.11
37	\$419.26
38	\$424.30
39	\$429.33
40	\$446.27
41	\$463.66
42	\$481.97
43	\$500.73
44	\$520.42
45	\$540.56
46	\$561.61
47	\$583.58
48	\$606.47
49	\$630.27
50	\$654.98
51	\$680.61
52	\$707.16
53	\$734.62
54	\$763.46
55	\$793.21
56	\$824.34
57	\$856.38
58	\$889.79
59	\$924.57
60	\$960.73
61	\$998.27
62	\$998.27
63	\$998.27
64+	\$998.27

## Summary of Member Cost-Shares

	<u>In Network</u>
DEDUCTIBLE	\$1,500
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$2,700
Office Copays	\$25 PCP /\$50 Specialist
Drug:	\$15 Generic, \$50 Preferred Brand
	\$70 Non-Preferred Brand Coinsurance
Drug and Medical Combined for OOP Max	

**BlueChoice Inc.**  
Individual On Exchange  
**DISTRICT OF COLUMBIA**  
**BlueChoice HMO Standard Platinum \$0**  
Proposed Monthly Premium Rates Effective 1/1/2018

Consumer Adjusted Rate **\$643.74**

Age	Monthly Premium
0-20	\$421.01
21	\$468.00
22	\$468.00
23	\$468.00
24	\$468.00
25	\$468.00
26	\$468.00
27	\$468.00
28	\$478.94
29	\$489.24
30	\$501.47
31	\$514.35
32	\$525.94
33	\$538.17
34	\$551.04
35	\$563.92
36	\$576.79
37	\$589.67
38	\$596.75
39	\$603.83
40	\$627.65
41	\$652.11
42	\$677.86
43	\$704.25
44	\$731.93
45	\$760.26
46	\$789.87
47	\$820.77
48	\$852.96
49	\$886.43
50	\$921.19
51	\$957.24
52	\$994.58
53	\$1,033.20
54	\$1,073.76
55	\$1,115.60
56	\$1,159.38
57	\$1,204.44
58	\$1,251.43
59	\$1,300.35
60	\$1,351.21
61	\$1,404.00
62	\$1,404.00
63	\$1,404.00
64+	\$1,404.00

**Summary of Member Cost-Shares**

	<u>In Network</u>
DEDUCTIBLE	\$0
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$2,000
Office Copays	\$20 PCP /\$40 Specialist
Drug:	\$5 Generic, \$15 Preferred Brand \$25 Non-Preferred Brand Coinsurance
Drug and Medical Combined for OOP Max	

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.
<b>TOI/Sub-TOI:</b>	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
<b>Product Name:</b>	BlueChoice- ON-EXCHANGE		
<b>Project Name/Number:</b>	DC BC IND64- ACA ON-EXCHANGE/2173		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	See Actuarial Certification in the Actuarial Memorandum.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	2018 ACA Actl Memo_IND_DC_BC.pdf 2173 - DC Individual BlueChoice - Exchange (2018) - Actuarial Memorandum.pdf Individual - DISB rate filing checklist.pdf 2018 AV Screenshots - DC Individual BC.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	2173 - DC Individual BlueChoice - Exchange (2018) - Actuarial Memorandum.pdf 2173 - DC BlueChoice Individual - Index & Plan Comparison.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consumer Disclosure Form
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Cover Letter All Filings
<b>Comments:</b>	

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
<b>Product Name:</b>	BlueChoice- ON-EXCHANGE		
<b>Project Name/Number:</b>	DC BC IND64- ACA ON-EXCHANGE/2173		

<b>Attachment(s):</b>	2018 ACA_Cover Letter_CD_DC_BlueChoice - 5-1-2017.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	DISB Actuarial Memorandum Dataset
<b>Comments:</b>	
<b>Attachment(s):</b>	2173 - DC BlueChoice Individual (2018) - Dataset_sent.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	2173 DC BlueChoice URRT - SERFF 5-1.xlsm 2173 DC BlueChoice URRT.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	District of Columbia Plain Language Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	2173 - DC - BlueChoice - PartII Rate Justification.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	RateE file
<b>Comments:</b>	
<b>Attachment(s):</b>	BC.DC.RATEE.2016Q4.20170309 - Individual BlueChoice.xlsx

<b>SERFF Tracking #:</b>	CFAP-131010729	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	2173
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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
<b>Product Name:</b>	BlueChoice- ON-EXCHANGE		
<b>Project Name/Number:</b>	DC BC IND64- ACA ON-EXCHANGE/2173		

<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

CFAP-131010729

State Tracking #:

Company Tracking #:

2173

State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

BlueChoice- ON-EXCHANGE

Project Name/Number:

DC BC IND64- ACA ON-EXCHANGE/2173

***Attachment 2173 - DC BlueChoice Individual (2018) - Dataset\_sent.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2173 DC BlueChoice URRT - SERFF 5-1.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment BC.DC.RATEE.2016Q4.20170309 - Individual BlueChoice.xlsx is not a PDF document and cannot be reproduced here.***

## **CAREFIRST BLUECROSS BLUESHIELD**

### **PART III ACTUARIAL MEMORANDUM**

Please note that the numbering below is consistent with the numbering in the 2018 Unified Rate Review Instructions.

**4.1 REDACTED ACTUARIAL MEMORANDUM (AM):** CareFirst (CF) is making no redactions so both AM submissions are the same.

**4.2 GENERAL INFORMATION:**

**Company Legal Name:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202

**State:** District of Columbia

**HIOS Issuer ID:** 86052

**Market:** Individual, Non-Medigap On Exchange

**Effective Date:** 1/1/18 – 12/31/18

**Company Filing Number:** 2173

**Primary Contact Name:** Mr. Joshua R. Phelps, ASA, CERA, MAAA

**Primary Contact Telephone Number:** 410-998-7477.

**Primary Contact E-Mail Address:** Joshua.Phelps@CareFirst.com.

**4.3 PROPOSED RATE INCREASE(S):** Base rates are changing 39.6% on average, prior to the rating effects of a change in the member's age. The range is 32.3% to 45.9%. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metalead benefit plans. The number of policyholders affected by this rate change is 5,104.

Please note that the proposed rates in this filing assume that the full amount of Cost Share Reduction subsidies will be funded and paid to affected carriers. In the event these subsidies are not funded and paid to carriers, we reserve the right to re-file and adjust the rate actions proposed in this filing.

**Reason for Rate Increase(s):** The main drivers supporting the rate increase are the assumed increases in allowed costs (8.1% assumed annual trend), the reintroduction of the Health Insurer Fee in 2018, and the assumed projected risk adjustment factor. For a more complete discussion of the risk adjustment factor methodology, please see 4.4.7, subsection 'Projected Risk Adjustment PMPM' below.

**4.4 MARKET EXPERIENCE:**

**4.4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS:** The incurred period is 1/1/16 through 12/31/16, as required.

**Paid Through Date:** 2/28/17

**Premiums (prior to MLR rebates) in Experience Period:** \$202,537,821 (merged)

**Estimated MLR rebates in Experience Period:** \$0

**Allowed Claims from Experience Period:** \$173,503,196 (merged)

**Paid Claims from Experience Period:** \$146,212,234 (merged)

**Estimates of Incurred but not Paid claims:** These were estimated the same way for both paid and allowed claims. Estimates were derived using an internal "chain and ladder" model which is used in monthly reserving and is based on the most recent 36 months to derive the completion factor and IBNR for each incurred month.

**4.4.2 - BENEFIT CATEGORIES:** Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.



#### **4.4.3 - PROJECTION FACTORS:**

**Changes in the Morbidity of the Population Insured:** In developing our 2018 rates, CareFirst has projected the expected change of the single risk pool from 2016 to 2018. Our starting point for this projection are allowed claims by member from the base period normalized for age, gender, induced demand and network as specified in the URRT instructions on page 56. The numbers described above produce the morbidity factor that is displayed in Exhibit 4.

**Changes in Benefits:** Exhibit 5 in the Memorandum details our support to this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost-sharing requirements between the experience and projection periods.

**Changes in Demographics:** Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods.

**Other Adjustments:** We are proposing additional other adjustments for changes to our capitation fees, drug rebates and a formulary change. See Exhibit 7 in the Memorandum for details supporting these adjustments.

**Trend Factors (Cost/Utilization):** Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. We used observed rolling 12 PMPM allowed claims for the pool in total to fit a linear regression curve. Unit cost and utilization trends were set by service category based on observed trends over the experience period and to produce the overall anticipated trend indicated by our regression analysis.

**4.4.4 - CREDIBILITY MANUAL RATE DEVELOPMENT:** Not applicable, as experience was determined to be fully credible.

**4.4.5 - CREDIBILITY OF EXPERIENCE:** Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

**4.4.6 - PAID TO ALLOWED RATIO:** See Exhibit 10A in the Memorandum for the projected ratio of paid to allowed claims.

#### **4.4.7 - RISK ADJUSTMENT AND REINSURANCE:**

**Experience Period Risk Adjustment and Reinsurance Adjustment PMPM:** The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. The reinsurance estimates are based upon internal estimates of reinsured claim amounts, with experience paid through 2/28/17.

#### **Projected Risk Adjustment PMPM:**

Our projected 2018 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. Further, given CareFirst's market size, we have assumed that the relationship of the state average to CareFirst in 2016 remains mostly unchanged in 2018 which yields a final liability similar to that incurred in base experience.

**Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** No longer applicable.

**4.4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK:** The 2018 "desired incurred claims ratio" (DICR) is 76.2%.

**Administrative Expense Load:** See Exhibit 10A in the Memorandum for the assumed PMPMs (including Broker Commissions & Fees).

**Contribution to Reserve & Risk Margin:** See Exhibit 10A in the Memorandum.

**Taxes and Fees:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.

- 1) Premium Tax/Community Health Investment
- 2) Federal Income Tax (FIT)
- 3) State Assessment Fee
- 4) Health Insurer Tax
- 5) PCORI
- 6) Risk Adjustment User Fee

**4.5 PROJECTED LOSS RATIO:** See Exhibit 10B in the Memorandum for a demonstration of our compliance with meeting the 80.0% minimum of the “Public Health Service Act” (PHSA) 218.

**4.6 APPLICATION OF MARKET REFORM RATING RULES:**

**4.6.1 - SINGLE RISK POOL (SRP):** Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

**4.6.2 - INDEX RATE:** The base period allowed PMPM, including the split between EHB & Non-EHBs can be found in Exhibit 1 in the Memorandum.

The projected index rate is also included in Exhibit 1 and projected Non-EHBs are included in Exhibit 3.

The non-EHBs in both the base and projection periods reflect coverage for abortion services and adult vision.

**4.6.3 - MARKET ADJUSTED INDEX RATE:** See Exhibit 1 in the Memorandum for the application of these factors. Exhibit 9 contains more detail behind the Risk Adjustment Program Market Level Adjustment.

**4.6.4 - PLAN ADJUSTED INDEX RATES:** There is a “cost-share” factor derived from our internal pricing AV model. An induced utilization factor is also applied and includes only a metal level induced demand factor. There is 1 type of network factor: Open Access. Cost-Share factors, induced utilization factors, and Non-EHBs vary by plan. The catastrophic factor has been developed from the experience of the catastrophic population, and is applied only to the catastrophic plan as required. All other factors applied to the Market Adjusted Index Rate are the same across all plans.

**4.6.5 - CALIBRATION:** Calibration has been completed for age, but we have elected not to rate for tobacco usage or geographic rating.

**Age Curve Calibration –** We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor.

**4.6.6 - CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT:** Rate charts are provided for all of the consumer adjusted premiums.

**4.7 PLAN PRODUCT INFORMATION:**

**4.7.1 - HHS ACTUARIAL METAL VALUES (AV):** The majority of our 2018 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 81% of the designated services are rendered in higher cost-share setting and the remaining 19% at the lower, consistent with 2016 experience for our small group and Individual markets. Plans without these features used the AV calculator without modification.

Printouts for each plan are provided in the “Actuarial Memorandum and Certifications” section of the Supporting Documentation tab of the SERFF filing, and also as part of the QHP binder submission under separate cover.

**4.7.2 - AV PRICING VALUES:** The breakdown of the AV Pricing values is shown in Exhibit 11 of the Memorandum.

**4.7.3 - MEMBERSHIP PROJECTIONS:** The distribution of projected enrollment is based on actual enrollment by plan as of 2/28/17. Total projected enrollment is consistent with our corporate plan.

**4.7.4 - TERMINATED PLANS AND PRODUCTS:** See the Exhibit Appendix – HIOS ID Mappings in the Memorandum.

**4.7.5 - PLAN TYPE:** HMO

**4.7.6 - WARNING ALERTS:** Several warning alerts are triggered through Section III on Worksheet 2. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Individual plans. Therefore, because of Small Group being included at the pool level but not on the plan level, there is a much larger difference than the 10% which triggers a warning alert.

There are also 3 alerts that have been triggered in Section IV. These are due to the new language of the Unified Rate Review Instructions, page 45 (excerpt below):

The Total Allowed Claims (TAC) across all benefit plans for the Experience Period should be consistent with the Allowed Claims entered in Section I of Worksheet 1, except it should be net of Risk Adjustment transfers. Claims should be increased for any Risk Adjustment receivables and decreased by the amount of payments made into the Risk Adjustment programs. Risk Adjustment user fees should not be included here.

The inclusion of Risk Adjustment into Total Allowed Claims is causing the warning alerts to be activated, as that makes the cells inconsistent with Worksheet 1.

#### **4.8 MISCELLANEOUS INSTRUCTIONS:**

**4.8.1 – EFFECTIVE RATE REVIEW INFORMATION (OPTIONAL):** We have no additional exhibits.

**4.8.2 – RELIANCE:** Not applicable.

**4.8.3 – ACTUARIAL CERTIFICATION:** Included in the Memorandum.

**BlueChoice Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 96202)**

**Rate Filing # 2173  
D.C. Individual Products  
Rate Filing Effective 1/1/2018**

**Actuarial Memorandum**

**BlueChoice Inc.**  
**(NAIC # 96202)**  
**H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)**  
**D.C. Individual Products**  
**Rate Filing Effective 1/1/2018**  
**Actuarial Certification**

I, Joshua R. Phelps, am an Assistant Actuary with CareFirst BlueChoice, Inc. doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1))
  - b. Reasonable in relation to the benefits provided and the population anticipated to be covered.
  - c. Neither excessive nor deficient.
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
3. The percentage of total premium that represents essential health benefits (EHBs) included in Worksheet 2, Sections III and IV, was calculated in accordance with ASOPs.
4. Consistent with 45 CFR § 156.135, the 2018 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

This certification is made with the caveat that it assumes 100% CSR payout. If CSRs aren't paid these rates will likely not be adequate to cover the benefits being provided.

**Joshua R.  
Phelps**

Digitally signed by Joshua R.  
Phelps  
Date: 2017.05.01 14:26:29  
-04'00'

Joshua R. Phelps, ASA, CERA, MAAA  
Assistant Actuary  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-720  
10455 Mill Run Circle  
Owings Mills, MD 21117

### Exhibit 1 - Market Adjusted Index Rate Summary

		2018	Exhibit
(1)	Base Period Total Allowed	\$ 328.63	2
(2)	Base Period Non-EHB PMPM	\$ 2.01	2
(3)	Experience Period Index Rate	\$ 326.62	
(4)	Change in Morbidity	1.000	4
(5)	Additional Population Adjustment	1.000	
(6)	Induced Demand	0.996	5
(7)	Projection Period Utilization and Network Adjustment	1.000	
(8)	Demographic Adjustment	0.997	6
(9)	Area Adjustment	1.000	
(10)	Additional "Other" Adjustments	0.990	7
(11)	Annualized Trend	8.1%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.169	
(14)	Projection Period Index Rate	\$ 375.22	
(15)	Risk Adjustment Program	1.424	9
(16)	Federal Exchange User Fee	1.000	
(17)	Market Adjusted Index Rate	\$ 534.18	
	Without Risk Adjustment	\$ 375.22	

**The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.**

## Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service		
Inpatient Hospital	\$	29,832,163	\$	56.50	Admits	48.05	\$	14,111.71
Outpatient Hospital	\$	31,747,223	\$	60.13	Visits	521.52	\$	1,383.62
Professional	\$	58,855,593	\$	111.48	Visits	8,755.65	\$	152.78
Other Medical	\$	9,117,827	\$	17.27	Services	1,143.95	\$	181.16
Capitation	\$	641,951	\$	1.22	Benefit Period	1,000	\$	14.59
Prescription Drug	\$	43,308,438	\$	82.03	Prescriptions	7,594.74	\$	129.61
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$</b>	<b>173,503,196</b>	<b>\$</b>	<b>328.63</b>				
<b>EHB Allowed</b>	<b>\$</b>	<b>172,442,628</b>	<b>\$</b>	<b>326.62</b>				
<b>Non-EHB Allowed</b>	<b>\$</b>	<b>1,060,568</b>	<b>\$</b>	<b>2.01</b>				
<b>Incurred Net</b>	<b>\$</b>	<b>146,212,234</b>	<b>\$</b>	<b>276.94</b>				
<b>Net/Allowed</b>		<b>84.27%</b>						
<b>Experience Period Member Months</b>		<b>527,961</b>						

### Exhibit 3 - Non-EHB Adjustment

HIOS Plan ID	Plan Name	Exchange	2018Index Rate	2018Non-EHB PMPM	2018Non-EHB Adjustment
86052DC0400001	BlueChoice HMO Standard Silver \$3,500	On	\$ 375.22	\$ 2.33	1.006
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$ 375.22	\$ 1.99	1.005
86052DC0400004	BlueChoice HMO Young Adult \$7,350	On	\$ 375.22	\$ 4.34	1.012
86052DC0400007	BlueChoice HMO Standard Bronze \$6,000	On	\$ 375.22	\$ 2.52	1.007
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$ 375.22	\$ 1.85	1.005
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	On	\$ 375.22	\$ 2.84	1.008
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	On	\$ 375.22	\$ 2.21	1.006



#### Exhibit 4 - Morbidity Adjustment Factor

Cohort	Member Months	Normalized PMPM
(1) Total Experience Period	527,961	\$ 207.28
(2) Existing (enrolled prior to 2017)	37,329	\$ 210.89
(3) New in 2017	2,521	\$ 192.79
(4) Transferred in 2017 (Internal)	1,047	\$ 240.66
(5) Existing (enrolled prior to 2018)	367,484	\$ 208.57
(6) New in 2018	105,121	\$ 202.87
(7) Total Projection Period	472,605	\$ 207.30
(8) <b>Adjustment for Change in Morbidity*</b>		<b>1.0001</b>

**\*Applied to all service categories except capitations**

### Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2016	79.6%	1.078	
(2) Projected 2018	78.7%	1.073	
(3) <b>Adjustment*</b>		<b>0.996</b>	(2)/(1)

**\*Applied to all service categories except capitations**

### Exhibit 6 - Demographic Adjustment

	Period	Age Factor	Average Age
(1)	Base Period	1.646	34.1
(2)	Most Recent Month	1.640	33.9
(3)	Projection Period	1.640 = (2)	
(4)	<b>Demographic Adjustment*</b>	<b>0.997</b> (3) / (1)	

**\*Applied to all service categories except capitations**

**Average age is claims weighted using our internal age factor curve as a proxy**

# **Exhibit 7 - Factors for Additional "Other" Adjustments**

## **Capitation adjustment**

(1)	EP Capitation PMPM	\$	1.01	
(2)	Projected Difference in Capitations PMPM	\$	(0.09)	
(3)	<b>Adjustment to Capitation Category</b>		<b>0.906</b>	$1 + (2)/(1)$

## **Drug Rebates adjustment**

(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	95.01	
(5)	Experience Pharmacy Rebates PMPM	\$	(12.98)	
(6)	Projected Pharmacy Rebates PMPM	\$	(12.35)	
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$	82.03	
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$	82.66	
(9)	<b>Adjustment to Drug Category</b>		<b>1.008</b>	$(8)/(7)$

## **Formulary Adjustments**

(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	95.01	
(11)	Ingredient cost adjustment factor		0.961	
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	91.33	$(10)*(11)$
(13)	Projection Period Pharmacy Rebates PMPM	\$	(12.35)	
(14)	<b>Adjustment to Drug Category</b>		<b>0.956</b>	$[(12) + (13)]/[(10) + (13)]$

	<b>PMPM</b>	<b>Adjustment</b>
Inpatient Hospital	\$ 69.07	1.000
Outpatient Hospital	\$ 66.66	1.000
Professional	\$ 125.31	1.000
Other Medical	\$ 19.27	1.000
Capitation	\$ 1.01	0.906
Prescription Drug	\$ 97.62	0.963
<b>Total</b>	<b>\$ 378.94</b>	<b>0.990</b>

PMPM weights are set equal projected PMPM without "other" adj.

### Exhibit 8 - Annual Trend Assumptions

	2016 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
<b>Inpatient Hospital</b>	\$ 56.50	17%	1.0000	1.1100	1.110
<b>Outpatient Hospital</b>	\$ 60.13	18%	1.0000	1.0600	1.060
<b>Professional</b>	\$ 111.48	34%	1.0200	1.0500	1.071
<b>Other Medical</b>	\$ 17.27	5%	1.0100	1.0500	1.061
<b>Capitation</b>	\$ 1.22	0%	1.0000	1.0000	1.000
<b>Prescription Drug</b>	\$ 82.03	25%	1.0000	1.0950	1.095
<b>Total</b>	\$ 328.63	100%			1.081
<b>Proposed Trend</b>					<b>1.081</b>

## Exhibit 9 - Risk Adjustment

**2016**

<b>Metallic Tier</b>	<b>Member Months</b>	<b>Distribution</b>	<b>PLRS</b>	<b>ARF</b>	<b>Transfer \$</b>	<b>PMPM</b>
Catastrophic	9,842	9%	0.195	0.738	\$14,216	\$1.44
Bronze	38,211	36%	0.691	1.152	-\$5,067,681	-\$132.62
Silver	30,063	29%	1.082	1.108	-\$2,726,918	-\$90.71
Gold	17,159	16%	1.480	1.024	-\$484,035	-\$28.21
Platinum	10,205	10%	1.899	0.990	\$341,383	\$33.45
<b>Total</b>	<b>105,480</b>	<b>100%</b>	<b>1.001</b>	<b>1.064</b>	<b>-\$7,923,035</b>	<b>-\$75.11</b>
Statewide Catastrophic	10,182		0.192	0.738		
Statewide Non-Catastrophic	196,244		1.508	1.091		
State Average Premium		\$ 324.97				

**2018**

<b>Metallic Tier</b>	<b>Member Months</b>	<b>Distribution</b>	<b>PLRS</b>	<b>ARF</b>	<b>Transfer \$</b>	<b>PMPM</b>
Catastrophic	12,974	16%	0.195	0.720	\$20,615	\$1.59
Bronze	27,042	34%	0.719	1.078	-\$4,082,758	-\$150.98
Silver	22,665	28%	1.133	1.070	-\$2,661,171	-\$117.41
Gold	11,265	14%	1.475	0.978	-\$730,851	-\$64.88
Platinum	6,046	8%	2.042	0.950	\$154,322	\$25.52
<b>Total</b>	<b>79,993</b>	<b>100%</b>	<b>0.958</b>	<b>0.994</b>	<b>-\$7,299,843</b>	<b>-\$91.26</b>
Statewide Catastrophic	13,423		0.192	0.720		
Statewide Non-Catastrophic	199,563		1.622	1.026		
State Average Premium		\$ 357.46				

### Adjustment Factor applied to Market Adjusted Index Rate

<b>Projected Index Rate</b>	<b>Projected Transfer PMPM (Allowed basis)</b>	<b>Risk Adjustment User Fee</b>	<b>Adjustment Factor</b>
\$ 375.22	-\$158.82	\$ 0.14	1.424

Adjustment Factor = (\$375.22 - \$-158.82+ \$0.14) / \$375.22

# Exhibit 10A - Desired Incurred Claims Ratio

	2018	
	PMPM	% of Revenue
Allowed Claims \$	378.04	
Paid/Allowed Ratio	57.5%	
Paid Claims & Capitations \$	217.22	
Risk Adjustment Transfer (Paid Basis) \$	(91.26)	
Paid Claims & Capitations (Post-Risk Adj) \$	308.48	76.2%
Administrative Expense \$	65.64	16.2%
Broker Commissions & Fee \$	2.43	0.6%
Contribution to Reserve (Post-Tax) \$	-	0.0%
Investment Income Credit \$	(0.00)	-0.0001%
<u>Non-ACA Taxes &amp; Fees</u>		
State Premium Tax \$	8.10	2.0%
State Assessment Fee \$	0.47	0.1%
State Income Tax \$	-	0.0%
Federal Income Tax \$	-	0.0%
<u>ACA Taxes &amp; Fees</u>		
Health Insurer Tax \$	12.96	3.2%
Risk Adjustment User Fee \$	0.14	0.0%
Exchange Assessment Fee \$	4.05	1.0%
Federal Exchange User Fee \$	-	0.0%
PCORI Tax \$	0.21	0.1%
BlueRewards/Incentive Program \$	2.52	0.6%
Total Revenue \$	404.99	100.0%
Plan Level Admin Load Adjustment	1.312	
Projected Member Months	79,992	
Average Members	6,666	
% Total 2018	100.0%	

## Exhibit 10B - Federal MLR

	Total 2018 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-Risk Adj)	\$ 341.58
Total Revenue	\$ 456.48
Traditional MLR (i.e. DICR)	74.8%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.42
Quality Improvement Expenses	\$ 0.40
Removal of non-care costs under MLR guidelines	\$ (0.57)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 10.83
ACA Taxes & Fees	\$ 19.52
Federal MLR Numerator	\$ 341.83
Federal MLR Denominator	\$ 426.14
Federal MLR	80.2%

The Federal MLR is based on a blended market



**Exhibit 11 - Plan Adjusted Index Rates**

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor*	Induced Utilization**	Non- EHB***	Catastrophic Adjustment****	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0400001	BlueChoice HMO Standard Silver \$3,500	HMO	Silver	On	Open Access	534.18	0.664	0.957	0.9742	1.006	1.000	1.000	1.312	436.53
86052DC0400002	BlueChoice HMO Standard Gold \$500	HMO	Gold	On	Open Access	534.18	0.838	0.957	1.0180	1.005	1.000	1.000	1.312	575.62
86052DC0400004	BlueChoice HMO Young Adult \$7,350	HMO	Catastrophic	On	Open Access	534.18	0.551	0.957	0.9428	1.012	0.504	1.000	1.312	177.78
86052DC0400007	BlueChoice HMO Standard Bronze \$6,000	HMO	Bronze	On	Open Access	534.18	0.598	0.957	0.9428	1.007	1.000	1.000	1.312	381.05
86052DC0400008	BlueChoice HMO Standard Platinum \$0	HMO	Platinum	On	Open Access	534.18	0.915	0.957	1.0841	1.005	1.000	1.000	1.312	669.02
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	HMO	Bronze	On	Open Access	534.18	0.529	0.957	0.8909	1.008	1.000	1.000	1.312	318.39
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	HMO	Gold	On	Open Access	534.18	0.733	0.957	0.9619	1.006	1.000	1.000	1.312	475.68

\*Appendix - Network Factors, \*\*Exhibit 15, \*\*\*Exhibit 3, \*\*\*\*Appendix - Catastrophic Adj.

## Exhibit 12 - AV Values

HIOS Plan ID	Suffix	HIOS Plan Name	HHS AV
86052DC0400001	01	BlueChoice HMO Standard Silver \$3,500	0.720
86052DC0400001	02	BlueChoice HMO Standard Silver \$3,500 Zero	1.000
86052DC0400001	03	BlueChoice HMO Standard Silver \$3,500 Limited	0.720
86052DC0400001	04	BlueChoice HMO Standard Silver \$3,500 73% CSR	0.740
86052DC0400001	05	BlueChoice HMO Standard Silver \$3,500 87% CSR	0.861
86052DC0400001	06	BlueChoice HMO Standard Silver \$3,500 94% CSR	0.932
86052DC0400002	01	BlueChoice HMO Standard Gold \$500	0.819
86052DC0400002	02	BlueChoice HMO Standard Gold \$500 Zero	1.000
86052DC0400002	03	BlueChoice HMO Standard Gold \$500 Limited	0.819
86052DC0400004	01	BlueChoice HMO Young Adult \$7,350	0.613
86052DC0400007	01	BlueChoice HMO Standard Bronze \$6,000	0.648
86052DC0400007	02	BlueChoice HMO Standard Bronze \$6,000 Zero	1.000
86052DC0400007	03	BlueChoice HMO Standard Bronze \$6,000 Limited	0.648
86052DC0400008	01	BlueChoice HMO Standard Platinum \$0	0.882
86052DC0400008	02	BlueChoice HMO Standard Platinum \$0 Zero	1.000
86052DC0400008	03	BlueChoice HMO Standard Platinum \$0 Limited	0.882
86052DC0400010	01	BlueChoice HMO HSA Standard Bronze \$6,200	0.606
86052DC0400010	02	BlueChoice HMO HSA Standard Bronze \$6,200 Zero	1.000
86052DC0400010	03	BlueChoice HMO HSA Standard Bronze \$6,200 Limited	0.606
86052DC0400011	01	BlueChoice HMO HSA Gold \$1,500	0.780
86052DC0400011	02	BlueChoice HMO HSA Gold \$1,500 Zero	1.000
86052DC0400011	03	BlueChoice HMO HSA Gold \$1,500 Limited	0.780

### Exhibit 13 - Age Calibration

	Average Age	Factor	
(1) Projected	41.7	1.039	
(2) Nearest Rounded	42.0	1.053	
(3) Calibration		1.013	(2)/(1)

The nearest rounded age is determined as the age for the factor closest to the member weighted average factor. The projected average age is then interpolated using the nearest and average factors and the nearest age.

# **Exhibit 14 - Age Factors**

<b>Age</b>	<b>Factor</b>
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

**Exhibit 15 - Induced Utilization Factors**

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	140,761	1.000	0.960
Non-CDH	348,342	1.058	1.016
	<b>489,103</b>	<b>1.042</b>	

Full HIOS Plan ID	Base HIOS Plan ID	Plan Name	Metal Level	Relative to Bronze	Projected Member Months	Relative to Average (Pool)	Relative to Average (CSR)
86052DC040000101	86052DC0400001	BlueChoice HMO Standard Silver \$3,500	Silver	1.030	21,391	0.956	0.959
86052DC040000102	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 Zero	Silver	1.030	34	0.956	0.959
86052DC040000103	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 Limited	Silver	1.030	-	0.956	0.959
86052DC040000104	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 73% CSR	Silver	1.030	649	0.956	0.959
86052DC040000105	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 87% CSR	Silver	1.150	257	1.067	0.959
86052DC040000106	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 94% CSR	Silver	1.150	335	1.067	0.959
86052DC040000201	86052DC0400002	BlueChoice HMO Standard Gold \$500	Gold	1.080	7,610	1.002	1.002
86052DC040000202	86052DC0400002	BlueChoice HMO Standard Gold \$500 Zero	Gold	1.080	-	1.002	1.002
86052DC040000203	86052DC0400002	BlueChoice HMO Standard Gold \$500 Limited	Gold	1.080	-	1.002	1.002
86052DC040000401	86052DC0400004	BlueChoice HMO Young Adult \$7,350	Catastrophic	1.000	12,974	0.928	0.928
86052DC040000701	86052DC0400007	BlueChoice HMO Standard Bronze \$6,000	Bronze	1.000	23,008	0.928	0.928
86052DC040000702	86052DC0400007	BlueChoice HMO Standard Bronze \$6,000 Zero	Bronze	1.000	-	0.928	0.928
86052DC040000703	86052DC0400007	BlueChoice HMO Standard Bronze \$6,000 Limited	Bronze	1.000	196	0.928	0.928
86052DC040000801	86052DC0400008	BlueChoice HMO Standard Platinum \$0	Platinum	1.150	6,046	1.067	1.067
86052DC040000802	86052DC0400008	BlueChoice HMO Standard Platinum \$0 Zero	Platinum	1.150	-	1.067	1.067
86052DC040000803	86052DC0400008	BlueChoice HMO Standard Platinum \$0 Limited	Platinum	1.150	-	1.067	1.067
86052DC040001001	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	Bronze	1.000	3,837	0.928	0.928
86052DC040001002	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200 Zero	Bronze	1.000	-	0.928	0.928
86052DC040001003	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200 Limited	Bronze	1.000	-	0.928	0.928
86052DC040001101	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	Gold	1.080	3,655	1.002	1.002
86052DC040001102	86052DC0400011	BlueChoice HMO HSA Gold \$1,500 Zero	Gold	1.080	-	1.002	1.002
86052DC040001103	86052DC0400011	BlueChoice HMO HSA Gold \$1,500 Limited	Gold	1.080	-	1.002	1.002

## Appendix - Network Factors

Network Type	Proposed Products Using This Network	Description
Lock In / Referral	BlueChoice HMO Referral	Referrals needed for Specialist Care, No Out of Network Coverage.
Open Access	BlueChoice HMO	No Referrals needed for Specialist, No Out of Network Coverage.
Open Access Opt-Out	BlueChoice Plus Out-Out	No Referrals needed for Specialist, Out of Network Benefits pay up to In Network allowance, Member may be balance billed.
Open Access Plus	BlueChoice Plus	No Referrals needed, Out of Network allowances pay up to Regional Preferred Network (RPN) allowance.
Open Access Advantage	BlueChoice Advantage	No Referrals needed, Out of Network allowance pay up to RPN allowance, Out of Area BlueCard considered In Network for cost-

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	39,870	1.000	0.912
Open Access	166,074	1.050	0.957
Open Access Opt-Out	46,480	1.065	0.971
Open Access Plus	71,515	1.081	0.986
Open Access Advantage	165,164	1.183	1.079
<b>Total</b>	<b>489,103</b>	<b>1.097</b>	

**Factors are applied as plan level adjustments**

## Appendix - Catastrophic Plans Adjustment

### Method 1: Normalize Catastrophic PMPM - using Age, Induced Demand and AV

	Catastrophic	Non-Catastrophic	Total (single risk pool)
Member Months	9,733	95,060	104,793
Distiribution	9.3%	90.7%	
Completed Allowed	\$743,343	\$31,396,926	\$32,140,269
Allowed PMPM	\$76.37	\$330.29	\$306.70
ARF	0.740	1.111	1.077
IDF	1.000	1.040	1.036
AV	0.570	0.699	0.687
<b>Net Factor</b>	<b>0.422</b>	<b>0.808</b>	<b>0.772</b>
<b>Normailzed Factor</b>	<b>1.831</b>	<b>0.956</b>	<b>1.000</b>
<b>Normalized PMPM</b>	<b>\$139.87</b>	<b>\$315.62</b>	<b>\$306.70</b>
<b>Method 1 Cat Factor</b>	<b>0.456</b>		

### Method 2: Apply Credibility to Age Normalized Catastrophic PMPM

Age Normalized Cat Pl	\$114.70
Member Months	9,733
Full Credibility	
(Member Months)	24,000
% Credible	63.7%
Cred-Adjusted Cat	
PMPM	\$184.43
<b>Method 2 Cat Factor</b>	<b>0.601</b>

### Step 3: Combined Methods 1 & 2 (2/3 of method 1, with 1/3 of method 2)

Cat Factor	<b>0.504</b>
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**Appendix - Experience Period to Rating Period Plan Mappings**

Exp. Period		Current Period		Rating Period	
2016 Base HIOS Plan ID	2016 HIOS Plan Name	2017 Base HIOS Plan ID	2017 HIOS Plan Name	2018 Base HIOS Plan ID	2018 HIOS Plan Name
86052DC0400001	BlueChoice HMO Standard Silver \$2,000	86052DC0400001	BlueChoice HMO Standard Silver \$2,000	86052DC0400001	BlueChoice HMO Standard Silver \$3,500
86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500
86052DC0400003	HealthyBlue HMO Gold \$1,000	86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500
86052DC0400004	BlueChoice HMO Young Adult \$6,850	86052DC0400004	BlueChoice HMO Young Adult \$7,150	86052DC0400004	BlueChoice HMO Young Adult \$7,350
86052DC0400005	BlueChoice HMO HSA Bronze \$6,000	86052DC0400007	BlueChoice HMO Standard Bronze \$5,000	86052DC0400007	BlueChoice HMO Standard Bronze \$6,000
86052DC0400006	BlueChoice HMO HSA Silver \$1,350	86052DC0400001	BlueChoice HMO Standard Silver \$2,000	86052DC0400001	BlueChoice HMO Standard Silver \$3,500
86052DC0400007	BlueChoice HMO Standard Bronze \$4,500	86052DC0400007	BlueChoice HMO Standard Bronze \$5,000	86052DC0400007	BlueChoice HMO Standard Bronze \$6,000
86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0
86052DC0400009	BlueChoice HMO HSA Bronze \$6,550	86052DC0400007	BlueChoice HMO Standard Bronze \$5,000	86052DC0400007	BlueChoice HMO Standard Bronze \$6,000
				86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200
				86052DC0400011	BlueChoice HMO HSA Gold \$1,500



Appendix - Annual Rate Change Based on Mapping

Catastrophic/Avg Renewal	923	32.3%
Bronze Members/Avg Renewal	2,068	45.9%
Silver Members/Avg Renewal	1,910	37.4%
Gold Members/Avg Renewal	737	39.0%
Platinum Members/Avg Renewal	539	36.1%
<b>All Members/Avg Renewal</b>	<b>6,176</b>	<b>39.6%</b>
<b>Minimum Renewal</b>		<b>32.3%</b>
<b>Maximum Renewal</b>		<b>45.9%</b>

2017 HIOS Plan ID	2017 HIOS Plan Name	2017 Metal Level	2017 Marketplace Indicator	2018 HIOS Plan ID	2018 HIOS Plan Name	2018 Metal Level	2018 Marketplace Indicator	Projected 2017 EOY Members	2017 Base Rate	2018 Base Rate	Annual Rate Change
86052DC0400001	BlueChoice HMO Standard Silver \$2,000	Silver	On	86052DC0400001	BlueChoice HMO Standard Silver \$3,500	Silver	On	1,910	\$305.68	\$420.03	37.4%
86052DC0400002	BlueChoice HMO Standard Gold \$500	Gold	On	86052DC0400002	BlueChoice HMO Standard Gold \$500	Gold	On	737	\$398.53	\$553.86	39.0%
86052DC0400004	BlueChoice HMO Young Adult \$7,150	Catastrophic	On	86052DC0400004	BlueChoice HMO Young Adult \$7,350	Catastrophic	On	923	\$129.31	\$171.06	32.3%
86052DC0400007	BlueChoice HMO Standard Bronze \$5,000	Bronze	On	86052DC0400007	BlueChoice HMO Standard Bronze \$6,000	Bronze	On	2,068	\$251.25	\$366.65	45.9%
86052DC0400008	BlueChoice HMO Standard Platinum \$0	Platinum	On	86052DC0400008	BlueChoice HMO Standard Platinum \$0	Platinum	On	539	\$473.07	\$643.74	36.1%

### Appendix - Maximum Rate Renewal

	2017	2018	% Change
Base Rate	\$251.25	\$366.65	45.9%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$164.32</b>	<b>\$266.55</b>	<b>62.2%</b>

	BlueChoice HMO Standard Bronze	BlueChoice HMO Standard Bronze
Base Rate/Product(s)	\$5,000	\$6,000
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

\*we did not geo rate

\*\*we did not tobacco rate

Appendix - Federal Required \$1.00 minimum for abortion

HIOS Plan ID	Plan Name	Exchange	Minimum Charge	Lowest Age Factor	Base Premium	Age Calibration	Plan Adjusted Index Rate	Admin	Catastrophic Factor	Network Factor	Non-EHB	Induced Utilization	Benefit	Market Adjusted Index Rate	Exchange User Fee	Risk Adjustment Fee	Index Rate	\$1 Check	Final Rate, above \$1.00
86052DC0400001	BlueChoice HMO Standard Silver \$3,500	On	\$1.00	0.654	\$1.53	0.962	\$1.59	1.3123	1.000	0.957	1.000	0.971	0.664	\$1.96	1.00	1.42	\$1.38	\$1.00	\$1.38
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$1.00	0.654	\$1.53	0.962	\$1.59	1.3123	1.000	0.957	1.000	1.018	0.838	\$1.48	1.00	1.42	\$1.04	\$1.00	\$1.04
86052DC0400004	BlueChoice HMO Young Adult \$7,350	On	\$1.00	0.654	\$1.53	0.962	\$1.59	1.3123	0.504	0.957	1.000	0.943	0.551	\$4.83	1.00	1.42	\$3.39	\$1.00	\$3.39
86052DC0400007	BlueChoice HMO Standard Bronze \$6,000	On	\$1.00	0.654	\$1.53	0.962	\$1.59	1.3123	1.000	0.957	1.000	0.943	0.598	\$2.24	1.00	1.42	\$1.57	\$1.00	\$1.57
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$1.00	0.654	\$1.53	0.962	\$1.59	1.3123	1.000	0.957	1.000	1.084	0.915	\$1.28	1.00	1.42	\$0.90	\$1.00	\$0.90
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	On	\$1.00	0.654	\$1.53	0.962	\$1.59	1.3123	1.000	0.957	1.000	0.891	0.529	\$2.69	1.00	1.42	\$1.89	\$1.00	\$1.89
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	On	\$1.00	0.654	\$1.53	0.962	\$1.59	1.3123	1.000	0.957	1.000	0.962	0.733	\$1.80	1.00	1.42	\$1.26	\$1.00	\$1.26

## Appendix - Form Numbers Individual

### Form Numbers Associated With This Filing:

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This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

### ON-Exchange

#### BlueChoice HMO

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DC CFBC EXC HMO DOCS (1/17)  
DC CFBC EXC HMO IEA (R 1/17)  
DC/CFBC/DOL APPEAL (R. 1/17)  
DC/CFBC/EXC/NATAMER (1/14)  
DC/CFBC/MEM/BLCRD (R. 1/17)  
DC/CFBC/PT PROTECT (9/10)  
DC/CFBC/DB/INCENT (R. 1/18)  
DC/CFBC/EXC/2018 AMEND (1/18)  
DC/CFBC/EXC/HMO HSA STD/BRZ 6200 (1/18)  
DC/CFBC/EXC/HMO HSA STD/GOLD 1500 (1/18)  
DC/CFBC/EXC/HMO STD /NATAMER 0 (1/18)  
DC/CFBC/EXC/HMO STD NATAMER 0 (1/18)  
DC/CFBC/EXC/HMO STD/BRZ 6000 (1/18)  
DC/CFBC/EXC/HMO STD/GOLD 500 (1/18)  
DC/CFBC/EXC/HMO STD/PLAT 0 (1/18)  
DC/CFBC/EXC/HMO STD/SIL 3500 (1/18)  
DC/CFBC/EXC/HMO STD/SIL 3500 A (1/18)  
DC/CFBC/EXC/HMO STD/SIL 3500 B (1/18)  
DC/CFBC/EXC/HMO STD/SIL 3500 C (1/18)  
DC/CFBC/EXC/HMO/ YA 7350 SOB (1/18)  
DC/CFBC/EXC/HMO/NATAMER SOB (1/18)

## Appendix - Experience by Service Category

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	IP	\$146,653	Admit	15.00
201402	7,244	IP	\$296,432	Admit	30.00
201403	8,875	IP	\$452,531	Admit	41.00
201404	10,571	IP	\$518,178	Admit	35.00
201405	13,249	IP	\$831,216	Admit	69.00
201406	14,861	IP	\$630,852	Admit	68.00
201407	17,985	IP	\$813,840	Admit	82.00
201408	20,744	IP	\$678,185	Admit	75.00
201409	23,135	IP	\$1,763,263	Admit	93.00
201410	25,412	IP	\$1,155,593	Admit	126.00
201411	28,448	IP	\$2,106,731	Admit	135.00
201412	41,952	IP	\$2,116,536	Admit	179.00
201501	42,745	IP	\$2,513,961	Admit	196.00
201502	42,643	IP	\$2,218,036	Admit	171.00
201503	43,554	IP	\$2,503,635	Admit	189.00
201504	43,584	IP	\$2,208,461	Admit	171.00
201505	43,448	IP	\$2,145,378	Admit	155.00
201506	43,358	IP	\$1,942,632	Admit	158.00
201507	43,067	IP	\$2,424,123	Admit	186.00
201508	42,904	IP	\$2,675,610	Admit	215.00
201509	42,870	IP	\$2,149,303	Admit	198.00
201510	42,801	IP	\$2,592,562	Admit	171.00
201511	42,898	IP	\$2,826,602	Admit	161.00
201512	43,377	IP	\$2,843,757	Admit	185.00
201601	44,297	IP	\$2,335,061	Admit	162.00
201602	44,642	IP	\$2,573,567	Admit	176.00
201603	44,852	IP	\$2,648,650	Admit	213.00
201604	44,745	IP	\$2,663,358	Admit	169.00
201605	44,584	IP	\$2,229,024	Admit	165.00
201606	44,519	IP	\$2,327,824	Admit	175.00
201607	44,235	IP	\$2,308,938	Admit	168.00
201608	43,933	IP	\$2,319,965	Admit	186.00
201609	43,584	IP	\$2,452,481	Admit	193.00
201610	43,338	IP	\$2,567,781	Admit	185.00
201611	43,046	IP	\$2,804,409	Admit	157.00
201612	42,186	IP	\$2,601,105	Admit	165.00
201701	41,362	IP	\$2,504,290	Admit	166.00
201702	40,960	IP	\$1,130,250	Admit	95.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	OP	\$409,236	Visit	209.00
201402	7,244	OP	\$392,851	Visit	299.00
201403	8,875	OP	\$409,763	Visit	381.00
201404	10,571	OP	\$567,071	Visit	465.00
201405	13,249	OP	\$815,545	Visit	628.00
201406	14,861	OP	\$638,604	Visit	670.00
201407	17,985	OP	\$1,056,328	Visit	817.00
201408	20,744	OP	\$1,128,138	Visit	853.00
201409	23,135	OP	\$1,137,108	Visit	1,043.00
201410	25,412	OP	\$1,584,694	Visit	1,164.00
201411	28,448	OP	\$1,460,176	Visit	1,166.00
201412	41,952	OP	\$2,337,548	Visit	1,808.00
201501	42,745	OP	\$2,375,951	Visit	1,822.00
201502	42,643	OP	\$2,441,207	Visit	1,715.00
201503	43,554	OP	\$2,714,252	Visit	1,990.00
201504	43,584	OP	\$2,540,348	Visit	1,957.00
201505	43,448	OP	\$2,609,239	Visit	1,997.00
201506	43,358	OP	\$2,687,727	Visit	1,974.00
201507	43,067	OP	\$2,454,262	Visit	1,902.00
201508	42,904	OP	\$2,680,033	Visit	1,932.00
201509	42,870	OP	\$2,476,505	Visit	1,994.00
201510	42,801	OP	\$2,515,599	Visit	2,070.00
201511	42,898	OP	\$2,439,409	Visit	1,960.00
201512	43,377	OP	\$2,678,215	Visit	1,984.00
201601	44,297	OP	\$2,303,535	Visit	1,777.00
201602	44,642	OP	\$2,695,356	Visit	1,869.00
201603	44,852	OP	\$2,557,861	Visit	2,077.00
201604	44,745	OP	\$2,546,560	Visit	1,992.00
201605	44,584	OP	\$2,887,988	Visit	2,015.00
201606	44,519	OP	\$2,866,403	Visit	2,018.00
201607	44,235	OP	\$2,629,241	Visit	1,835.00
201608	43,933	OP	\$2,885,243	Visit	2,024.00
201609	43,584	OP	\$2,377,299	Visit	1,837.00
201610	43,338	OP	\$2,655,125	Visit	1,920.00
201611	43,046	OP	\$2,759,043	Visit	1,828.00
201612	42,186	OP	\$2,583,571	Visit	1,753.00
201701	41,362	OP	\$2,413,388	Visit	1,644.00
201702	40,960	OP	\$2,361,620	Visit	1,899.00

RPT_YR_MTH	MEMB_CNT	SERVCTGTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	PROF	\$517,966	Visit	3,026.00
201402	7,244	PROF	\$656,367	Visit	4,264.00
201403	8,875	PROF	\$838,454	Visit	5,670.00
201404	10,571	PROF	\$1,211,061	Visit	7,342.00
201405	13,249	PROF	\$1,277,613	Visit	8,698.00
201406	14,861	PROF	\$1,449,205	Visit	9,988.00
201407	17,985	PROF	\$1,787,703	Visit	12,416.00
201408	20,744	PROF	\$1,963,061	Visit	13,720.00
201409	23,135	PROF	\$2,389,099	Visit	16,197.00
201410	25,412	PROF	\$2,919,876	Visit	20,470.00
201411	28,448	PROF	\$2,698,457	Visit	18,766.00
201412	41,952	PROF	\$4,293,383	Visit	29,955.00
201501	42,745	PROF	\$4,556,539	Visit	30,482.00
201502	42,643	PROF	\$4,100,602	Visit	27,924.00
201503	43,554	PROF	\$4,746,275	Visit	31,709.00
201504	43,584	PROF	\$4,721,736	Visit	32,613.00
201505	43,448	PROF	\$4,514,685	Visit	30,853.00
201506	43,358	PROF	\$4,856,058	Visit	32,994.00
201507	43,067	PROF	\$4,642,856	Visit	31,521.00
201508	42,904	PROF	\$4,579,254	Visit	30,359.00
201509	42,870	PROF	\$4,721,898	Visit	31,815.00
201510	42,801	PROF	\$5,085,739	Visit	35,103.00
201511	42,898	PROF	\$4,896,430	Visit	31,526.00
201512	43,377	PROF	\$5,046,883	Visit	33,468.00
201601	44,297	PROF	\$4,422,403	Visit	28,885.00
201602	44,642	PROF	\$4,718,533	Visit	31,907.00
201603	44,852	PROF	\$5,310,996	Visit	35,779.00
201604	44,745	PROF	\$4,949,069	Visit	33,322.00
201605	44,584	PROF	\$5,005,307	Visit	32,606.00
201606	44,519	PROF	\$5,235,093	Visit	33,411.00
201607	44,235	PROF	\$4,504,282	Visit	29,991.00
201608	43,933	PROF	\$5,254,310	Visit	33,678.00
201609	43,584	PROF	\$4,887,361	Visit	31,796.00
201610	43,338	PROF	\$4,915,656	Visit	32,888.00
201611	43,046	PROF	\$4,851,512	Visit	31,484.00
201612	42,186	PROF	\$4,801,071	Visit	29,473.00
201701	41,362	PROF	\$4,777,497	Visit	28,438.00
201702	40,960	PROF	\$6,119,818	Visit	42,315.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	OTHR	\$33,333	Service	399.00
201402	7,244	OTHR	\$52,260	Service	523.00
201403	8,875	OTHR	\$99,872	Service	831.00
201404	10,571	OTHR	\$114,930	Service	1,013.00
201405	13,249	OTHR	\$186,466	Service	1,031.00
201406	14,861	OTHR	\$204,813	Service	1,182.00
201407	17,985	OTHR	\$273,058	Service	1,786.00
201408	20,744	OTHR	\$267,201	Service	1,827.00
201409	23,135	OTHR	\$314,150	Service	1,795.00
201410	25,412	OTHR	\$371,023	Service	2,399.00
201411	28,448	OTHR	\$365,852	Service	2,287.00
201412	41,952	OTHR	\$587,991	Service	4,207.00
201501	42,745	OTHR	\$613,375	Service	3,560.00
201502	42,643	OTHR	\$557,855	Service	3,429.00
201503	43,554	OTHR	\$603,247	Service	4,018.00
201504	43,584	OTHR	\$677,901	Service	4,310.00
201505	43,448	OTHR	\$586,177	Service	3,724.00
201506	43,358	OTHR	\$737,140	Service	4,420.00
201507	43,067	OTHR	\$737,601	Service	4,175.00
201508	42,904	OTHR	\$712,478	Service	4,642.00
201509	42,870	OTHR	\$742,109	Service	3,750.00
201510	42,801	OTHR	\$813,242	Service	4,220.00
201511	42,898	OTHR	\$744,556	Service	4,028.00
201512	43,377	OTHR	\$950,943	Service	4,593.00
201601	44,297	OTHR	\$615,920	Service	3,859.00
201602	44,642	OTHR	\$716,742	Service	4,205.00
201603	44,852	OTHR	\$857,816	Service	5,018.00
201604	44,745	OTHR	\$719,400	Service	4,396.00
201605	44,584	OTHR	\$809,869	Service	4,276.00
201606	44,519	OTHR	\$846,173	Service	4,811.00
201607	44,235	OTHR	\$728,592	Service	4,313.00
201608	43,933	OTHR	\$752,851	Service	5,066.00
201609	43,584	OTHR	\$757,485	Service	3,631.00
201610	43,338	OTHR	\$699,284	Service	3,841.00
201611	43,046	OTHR	\$723,696	Service	3,471.00
201612	42,186	OTHR	\$889,999	Service	3,443.00
201701	41,362	OTHR	\$604,008	Service	2,703.00
201702	40,960	OTHR	\$747,636	Service	3,901.00



RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	RX	\$212,195	Script	2,261.00
201402	7,244	RX	\$388,252	Script	3,938.00
201403	8,875	RX	\$635,489	Script	5,954.00
201404	10,571	RX	\$730,162	Script	6,993.00
201405	13,249	RX	\$853,821	Script	8,555.00
201406	14,861	RX	\$928,130	Script	9,503.00
201407	17,985	RX	\$1,406,143	Script	11,964.00
201408	20,744	RX	\$1,500,652	Script	13,314.00
201409	23,135	RX	\$1,671,440	Script	14,925.00
201410	25,412	RX	\$2,129,026	Script	17,262.00
201411	28,448	RX	\$1,890,420	Script	17,850.00
201412	41,952	RX	\$3,418,382	Script	29,411.00
201501	42,745	RX	\$3,573,385	Script	29,038.00
201502	42,643	RX	\$3,295,058	Script	26,358.00
201503	43,554	RX	\$3,764,288	Script	29,455.00
201504	43,584	RX	\$3,776,392	Script	28,684.00
201505	43,448	RX	\$3,714,837	Script	28,489.00
201506	43,358	RX	\$3,934,939	Script	28,803.00
201507	43,067	RX	\$4,089,970	Script	28,900.00
201508	42,904	RX	\$3,993,745	Script	27,835.00
201509	42,870	RX	\$3,774,103	Script	27,987.00
201510	42,801	RX	\$3,869,850	Script	29,047.00
201511	42,898	RX	\$3,979,318	Script	27,690.00
201512	43,377	RX	\$4,562,823	Script	30,578.00
201601	44,297	RX	\$3,568,140	Script	27,203.00
201602	44,642	RX	\$4,095,666	Script	27,690.00
201603	44,852	RX	\$4,677,490	Script	30,178.00
201604	44,745	RX	\$4,488,293	Script	28,461.00
201605	44,584	RX	\$4,243,405	Script	28,477.00
201606	44,519	RX	\$4,596,703	Script	28,674.00
201607	44,235	RX	\$4,110,092	Script	26,860.00
201608	43,933	RX	\$4,271,274	Script	28,376.00
201609	43,584	RX	\$4,028,150	Script	26,324.00
201610	43,338	RX	\$4,053,808	Script	26,994.00
201611	43,046	RX	\$4,047,874	Script	27,281.00
201612	42,186	RX	\$3,979,166	Script	27,626.00
201701	41,362	RX	\$3,881,301	Script	26,479.00
201702	40,960	RX	\$3,966,749	Script	25,390.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization	Premium	Incurred Claims
201401	5,286	All	\$1,319,383	n/a	n/a	1,907,334	\$1,057,728
201402	7,244	All	\$1,786,162	n/a	n/a	2,390,601	\$1,389,662
201403	8,875	All	\$2,436,110	n/a	n/a	2,905,275	\$1,913,216
201404	10,571	All	\$3,141,401	n/a	n/a	3,515,078	\$2,561,403
201405	13,249	All	\$3,964,661	n/a	n/a	4,340,643	\$3,163,183
201406	14,861	All	\$3,851,606	n/a	n/a	4,933,109	\$3,066,804
201407	17,985	All	\$5,337,072	n/a	n/a	6,105,495	\$4,305,231
201408	20,744	All	\$5,537,238	n/a	n/a	7,165,424	\$4,483,937
201409	23,135	All	\$7,275,060	n/a	n/a	8,084,795	\$6,110,455
201410	25,412	All	\$8,160,210	n/a	n/a	8,884,600	\$6,791,545
201411	28,448	All	\$8,521,636	n/a	n/a	10,125,468	\$7,251,984
201412	41,952	All	\$12,753,840	n/a	n/a	15,322,056	\$10,626,597
201501	42,745	All	\$13,633,210	n/a	n/a	15,863,224	\$10,949,342
201502	42,643	All	\$12,612,758	n/a	n/a	16,008,304	\$10,383,642
201503	43,554	All	\$14,331,697	n/a	n/a	14,782,460	\$11,974,586
201504	43,584	All	\$13,924,837	n/a	n/a	16,280,442	\$11,654,866
201505	43,448	All	\$13,570,317	n/a	n/a	16,268,094	\$11,439,914
201506	43,358	All	\$14,158,497	n/a	n/a	16,291,723	\$12,007,476
201507	43,067	All	\$14,348,812	n/a	n/a	16,244,830	\$12,269,575
201508	42,904	All	\$14,641,120	n/a	n/a	16,240,937	\$12,623,251
201509	42,870	All	\$13,863,918	n/a	n/a	16,334,319	\$11,878,298
201510	42,801	All	\$14,876,992	n/a	n/a	16,367,570	\$12,792,993
201511	42,898	All	\$14,886,316	n/a	n/a	16,464,554	\$12,875,786
201512	43,377	All	\$16,082,621	n/a	n/a	16,902,965	\$13,669,571
201601	44,297	All	\$13,245,059	n/a	n/a	17,341,236	\$10,161,087
201602	44,642	All	\$14,799,864	n/a	n/a	17,242,140	\$11,633,690
201603	44,852	All	\$16,052,814	n/a	n/a	17,231,532	\$13,010,591
201604	44,745	All	\$15,366,681	n/a	n/a	17,134,805	\$12,455,163
201605	44,584	All	\$15,175,594	n/a	n/a	17,052,204	\$12,429,696
201606	44,519	All	\$15,872,196	n/a	n/a	17,015,603	\$13,032,547
201607	44,235	All	\$14,281,144	n/a	n/a	16,906,348	\$11,821,087
201608	43,933	All	\$15,483,642	n/a	n/a	16,725,092	\$12,733,552
201609	43,584	All	\$14,502,776	n/a	n/a	16,609,838	\$11,939,160
201610	43,338	All	\$14,891,653	n/a	n/a	16,537,169	\$12,173,294
201611	43,046	All	\$15,186,534	n/a	n/a	16,486,454	\$12,900,601
201612	42,186	All	\$14,854,912	n/a	n/a	16,255,402	\$11,921,767
201701	41,362	All	\$14,180,485	n/a	n/a	16,766,363	\$11,082,068
201702	40,960	All	\$14,326,074	n/a	n/a	16,622,654	\$10,964,676

**RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP PLANS SOLD ON DC HEALTH LINK  
CHECK-LIST**

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Appendix - Form Numbers
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum	Yes	Exhibit 11 - Plan Adj IND_RA
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	Appendix - Form Numbers
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	Exhibit 11 - Plan Adj IND_RA

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	See the PDF file "AV Screen Shots" in SERFF
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. <b>In the small group market, please also provide weighted average rate increase requested for 2016Q1 over</b>	Yes	Appendix - Rate Change_IND RA
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_IND RA
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_IND RA
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Appendix - Max Renewal_IND RA
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Appendix - Rate Change_IND RA
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for District of Columbia and the nationwide average rate history.	Yes	Appendix - Rate Change_IND RA
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Appendix - Rate Change_IND RA

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	Appendix - Experience by Service Category
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	Appendix - Experience by Service Category
17	Index Rate	Provide the index rate.	Yes	Exhibit 1 - Summary IND
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	Appendix - Experience by Service Category
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	No	Not applicable
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Exhibit 8 - Trend
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	No	Not applicable
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Exhibit 7 - Other Adjustments
Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element

22	Plan Relativities	<p>For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders.</p> <p>For initial filings, provide the derivation of any new plan factors.</p>	Yes	Appendix - Rate Change_IND RA
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	Exhibit 14 - Age Slope
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	No	Not applicable
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	Appendix - Rate Change_IND RA
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Appendix - Experience by Service Category
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - IND RA and Exhibit 10B - Fed MLR RA

Number	Data Element	Requirement Description	Individual/and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - IND RA and Exhibit 10B - Fed MLR RA
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	Exhibit10A - IND RA and Exhibit 10B - Fed MLR RA
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Exhibit 9 - Risk Adjustment IND

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the	Yes	Exhibit10A - IND RA and Exhibit 10B - Fed MLR RA



Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
32	Past and Prospective Expenses	<p>Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> <li>• Salaries, wages, employment taxes, and other employee benefits</li> <li>• Commissions</li> <li>• Taxes, licenses, and other regulatory fees</li> <li>• Cost containment programs / quality improvement activities</li> </ul>	Yes	Exhibit10A - IND RA and Exhibit 10B - Fed MLR RA
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	Actuarial Memorandum
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memorandum
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Certification is included in the Actuarial Memorandum

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	No	This is not a Grandfathered Filing, so a PRJ is not provided
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	Yes	See the URRT included as a separate document in SERFF
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	See the Part II included as a separate document in SERFF
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings. <b>Provide in Excel format only.</b>	Yes	See the Dataset included as a separate document in SERFF
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	See the Plain Language Summary included as a separate document in SERFF
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	See the file "Index & Plan Comparison" included as a separate document in SERFF

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
41	CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 <sup>th</sup> of the current year, whichever is first.	Yes	See the Rate 'E' file included as a separate document in SERFF
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: <ul style="list-style-type: none"> <li>• Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule;</li> <li>• Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and</li> <li>• Demonstration that the plan has a reasonable annual limitation on cost-sharing.</li> </ul>	No	Not applicable

### CERTIFYING SIGNATURE

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.

Joshua R. Phelps

(Print Name)

Joshua R.

Phelps

(Signature)

Digitally signed by  
Joshua R. Phelps  
Date: 2017.05.01  
14:35:48 -04'00'

**BlueChoice, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**Rate Filing #2173**

**DC Individual On Exchange Products**  
**Rates Effective 1/1/2018**

**Actuarial Value Calculations**

# User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$7,350.00
		100.00%
		\$7,350.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Deductible (\$)  
 Coinsurance (%; Insurer's Cost Share)  
 MOOP (\$)  
 MOOP if Separate (\$)

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input checked="" type="checkbox"/>
# Copays (1-10):	3

## Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.30%

Bronze

Additional Notes:

Calculation Time:

0.0938 seconds

2018 AV Calculator

61.30%

## Plan Description:

Name: BlueChoice HMO Young Adult \$7,350  
 Plan HIOS ID: 86052DC0400004  
 Issuer HIOS ID: 86052

# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$6,200.00
		80.00%
		\$6,550.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$150
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

60.61%

Bronze

Additional Notes:

Calculation Time:

0.125 seconds

2018 AV Calculator

60.61%

## Plan Description:

Name: [Input Plan Name]

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

## Plan Description:

Name: BlueChoice HMO HSA Standard Bronze \$6,200

Plan HIOS ID: 86052DC0400010

Issuer HIOS ID: 86052

# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$6,000.00	\$600.00	
Coinsurance (% , Insurer's Cost Share)	75.00%	100.00%	
MOOP (\$)	\$7,350.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: [Input Plan Name]  
Plan HIOS ID: [Input Plan HIOS ID]  
Issuer HIOS ID: [Input Issuer HIOS ID]

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Expanded Bronze Standard (58% to 65%), Calculation Successful.

64.81%

Bronze

Additional Notes:

Calculation Time:

0.0781 seconds

2018 AV Calculator

64.81%

## Plan Description:

Name: BlueChoice HMO Standard Bronze \$6,000  
Plan HIOS ID: 86052DC0400007  
Issuer HIOS ID: 86052



# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,500.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)	\$6,250.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.95%

Silver

Additional Notes:

Calculation Time:

0.0938 seconds

2018 AV Calculator

71.95%

## Plan Description:

Name: [Input Plan Name]  
Plan HIOS ID: [Input Plan HIOS ID]  
Issuer HIOS ID: [Input Issuer HIOS ID]

## Plan Description:

Name: BlueChoice HMO Standard Silver \$3,500  
Plan HIOS ID: 86052DC0400001  
Issuer HIOS ID: 86052

# User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?  
☒ Apply Inpatient Copay per Day?  
☒ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?  
☐

Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$2,700.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$525.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: [Input Plan Name]  
Plan HIOS ID: [Input Plan HIOS ID]  
Issuer HIOS ID: [Input Issuer HIOS ID]

## Output

Calculate

## Status/Error Messages:

Actuarial Value:  
Metal Tier:

Calculation Successful.

78.02%  
Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

## Additional Notes:

Calculation Time:

0.0781 seconds

2018 AV Calculator

78.02%

## Plan Description:

Name: BlueChoice HMO HSA Gold \$1,500  
Plan HIOS ID: 86052DC0400011  
Issuer HIOS ID: 86052

# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☒ Apply Inpatient Copay per Day?  
☒ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?  
☐

Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$3,500.00		
MOOP if Separate (\$)			

	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$525.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

**Name:** [Input Plan Name]  
**Plan HIOS ID:** [Input Plan HIOS ID]  
**Issuer HIOS ID:** [Input Issuer HIOS ID]

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.91%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0625 seconds

2018 AV Calculator

81.91%

## Plan Description:

**Name:** BlueChoice HMO Standard Gold \$500  
**Plan HIOS ID:** 86052DC0400002  
**Issuer HIOS ID:** 86052

# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☒ Apply Inpatient Copay per Day?  
☒ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?  
☐

Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$2,000.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$175.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

**Name:** [Input Plan Name]  
**Plan HIOS ID:** [Input Plan HIOS ID]  
**Issuer HIOS ID:** [Input Issuer HIOS ID]

## Output

Calculate

## Status/Error Messages:

Actuarial Value:  
Metal Tier:

Calculation Successful.

88.20%  
Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

## Additional Notes:

Calculation Time:

0.0742 seconds

2018 AV Calculator

88.20%

## Plan Description:

**Name:** BlueChoice HMO Standard Platinum \$0  
**Plan HIOS ID:** 86052DC0400008  
**Issuer HIOS ID:** 86052

# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?  
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,300.00	\$250.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
MOOP (\$)	\$5,850.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.

73.97%

Silver

Additional Notes:

Calculation Time:

0.0938 seconds

2018 AV Calculator

73.97%

## Plan Description:

Name: BlueChoice HMO Standard Silver \$3,500 - 73% CSR (200-250% FPL)  
 Plan HIOS ID: 86052DC0400001  
 Issuer HIOS ID: 86052

# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?  
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	85.00%	100.00%	
MOOP (\$)	\$2,450.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.

86.12%

Gold

Additional Notes:

Calculation Time:

0.1094 seconds

2018 AV Calculator

86.12%

## Plan Description:

Name: BlueChoice HMO Standard Silver \$3,500 - 87% CSR (150-200% FPL)  
 Plan HIOS ID: 86052DC0400001  
 Issuer HIOS ID: 86052

# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?  
 Desired Metal Tier: Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design
Medical Drug Combined
Deductible (\$) \$0.00 \$0.00
Coinsurance (% , Insurer's Cost Share) 95.00% 100.00%
MOOP (\$) \$2,450.00
MOOP if Separate (\$)

Tier 2 Plan Benefit Design
Medical Drug Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.15%

Platinum

Additional Notes:

Calculation Time:

0.0781 seconds

2018 AV Calculator

93.15%

## Plan Description:

Name: BlueChoice HMO Standard Silver \$3,500 - 94% CSR (100-150% FPL)  
 Plan HIOS ID: 86052DC0400001  
 Issuer HIOS ID: 86052

**BlueChoice Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 96202)**

**Rate Filing # 2173  
D.C. Individual Products  
Rate Filing Effective 1/1/2018**

**Actuarial Memorandum**



**BlueChoice Inc.**  
**(NAIC # 96202)**  
**H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)**  
**D.C. Individual Products**  
**Rate Filing Effective 1/1/2018**  
**Actuarial Certification**

I, Joshua R. Phelps, am an Assistant Actuary with CareFirst BlueChoice, Inc. doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1))
  - b. Reasonable in relation to the benefits provided and the population anticipated to be covered.
  - c. Neither excessive nor deficient.
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
3. The percentage of total premium that represents essential health benefits (EHBs) included in Worksheet 2, Sections III and IV, was calculated in accordance with ASOPs.
4. Consistent with 45 CFR § 156.135, the 2018 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

This certification is made with the caveat that it assumes 100% CSR payout. If CSRs aren't paid these rates will likely not be adequate to cover the benefits being provided.

**Joshua R.  
Phelps**

Digitally signed by Joshua R.  
Phelps  
Date: 2017.05.01 14:26:29  
-04'00'

Joshua R. Phelps, ASA, CERA, MAAA  
Assistant Actuary  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-720  
10455 Mill Run Circle  
Owings Mills, MD 21117

### Exhibit 1 - Market Adjusted Index Rate Summary

		2018	Exhibit
(1)	Base Period Total Allowed	\$ 328.63	2
(2)	Base Period Non-EHB PMPM	\$ 2.01	2
(3)	Experience Period Index Rate	\$ 326.62	
(4)	Change in Morbidity	1.000	4
(5)	Additional Population Adjustment	1.000	
(6)	Induced Demand	0.996	5
(7)	Projection Period Utilization and Network Adjustment	1.000	
(8)	Demographic Adjustment	0.997	6
(9)	Area Adjustment	1.000	
(10)	Additional "Other" Adjustments	0.990	7
(11)	Annualized Trend	8.1%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.169	
(14)	Projection Period Index Rate	\$ 375.22	
(15)	Risk Adjustment Program	1.424	9
(16)	Federal Exchange User Fee	1.000	
(17)	Market Adjusted Index Rate	\$ 534.18	
	Without Risk Adjustment	\$ 375.22	

**The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.**

## Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service		
Inpatient Hospital	\$	29,832,163	\$	56.50	Admits	48.05	\$	14,111.71
Outpatient Hospital	\$	31,747,223	\$	60.13	Visits	521.52	\$	1,383.62
Professional	\$	58,855,593	\$	111.48	Visits	8,755.65	\$	152.78
Other Medical	\$	9,117,827	\$	17.27	Services	1,143.95	\$	181.16
Capitation	\$	641,951	\$	1.22	Benefit Period	1,000	\$	14.59
Prescription Drug	\$	43,308,438	\$	82.03	Prescriptions	7,594.74	\$	129.61
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$</b>	<b>173,503,196</b>	<b>\$</b>	<b>328.63</b>				
<b>EHB Allowed</b>	<b>\$</b>	<b>172,442,628</b>	<b>\$</b>	<b>326.62</b>				
<b>Non-EHB Allowed</b>	<b>\$</b>	<b>1,060,568</b>	<b>\$</b>	<b>2.01</b>				
<b>Incurred Net</b>	<b>\$</b>	<b>146,212,234</b>	<b>\$</b>	<b>276.94</b>				
<b>Net/Allowed</b>		<b>84.27%</b>						
<b>Experience Period Member Months</b>		<b>527,961</b>						

### Exhibit 3 - Non-EHB Adjustment

HIOS Plan ID	Plan Name	Exchange	2018Index Rate	2018Non-EHB PMPM	2018Non-EHB Adjustment
86052DC0400001	BlueChoice HMO Standard Silver \$3,500	On	\$ 375.22	\$ 2.33	1.006
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$ 375.22	\$ 1.99	1.005
86052DC0400004	BlueChoice HMO Young Adult \$7,350	On	\$ 375.22	\$ 4.34	1.012
86052DC0400007	BlueChoice HMO Standard Bronze \$6,000	On	\$ 375.22	\$ 2.52	1.007
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$ 375.22	\$ 1.85	1.005
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	On	\$ 375.22	\$ 2.84	1.008
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	On	\$ 375.22	\$ 2.21	1.006

#### Exhibit 4 - Morbidity Adjustment Factor

Cohort	Member Months	Normalized PMPM
(1) Total Experience Period	527,961	\$ 207.28
(2) Existing (enrolled prior to 2017)	37,329	\$ 210.89
(3) New in 2017	2,521	\$ 192.79
(4) Transferred in 2017 (Internal)	1,047	\$ 240.66
(5) Existing (enrolled prior to 2018)	367,484	\$ 208.57
(6) New in 2018	105,121	\$ 202.87
(7) Total Projection Period	472,605	\$ 207.30
(8) <b>Adjustment for Change in Morbidity*</b>		<b>1.0001</b>

**\*Applied to all service categories except capitations**

### Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2016	79.6%	1.078	
(2) Projected 2018	78.7%	1.073	
(3) <b>Adjustment*</b>		<b>0.996</b>	(2)/(1)

**\*Applied to all service categories except capitations**

### Exhibit 6 - Demographic Adjustment

	Period	Age Factor	Average Age
(1)	Base Period	1.646	34.1
(2)	Most Recent Month	1.640	33.9
(3)	Projection Period	1.640 = (2)	
(4)	<b>Demographic Adjustment*</b>	<b>0.997</b> (3) / (1)	

**\*Applied to all service categories except capitations**

**Average age is claims weighted using our internal age factor curve as a proxy**

# **Exhibit 7 - Factors for Additional "Other" Adjustments**

## **Capitation adjustment**

(1)	EP Capitation PMPM	\$	1.01	
(2)	Projected Difference in Capitations PMPM	\$	(0.09)	
(3)	<b>Adjustment to Capitation Category</b>		<b>0.906</b>	$1 + (2)/(1)$

## **Drug Rebates adjustment**

(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	95.01	
(5)	Experience Pharmacy Rebates PMPM	\$	(12.98)	
(6)	Projected Pharmacy Rebates PMPM	\$	(12.35)	
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$	82.03	
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$	82.66	
(9)	<b>Adjustment to Drug Category</b>		<b>1.008</b>	$(8)/(7)$

## **Formulary Adjustments**

(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	95.01	
(11)	Ingredient cost adjustment factor		0.961	
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	91.33	$(10)*(11)$
(13)	Projection Period Pharmacy Rebates PMPM	\$	(12.35)	
(14)	<b>Adjustment to Drug Category</b>		<b>0.956</b>	$[(12) + (13)]/[(10) + (13)]$

	<b>PMPM</b>	<b>Adjustment</b>
Inpatient Hospital	\$ 69.07	1.000
Outpatient Hospital	\$ 66.66	1.000
Professional	\$ 125.31	1.000
Other Medical	\$ 19.27	1.000
Capitation	\$ 1.01	0.906
Prescription Drug	\$ 97.62	0.963
<b>Total</b>	<b>\$ 378.94</b>	<b>0.990</b>

PMPM weights are set equal projected PMPM without "other" adj.



### Exhibit 8 - Annual Trend Assumptions

	2016 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
<b>Inpatient Hospital</b>	\$ 56.50	17%	1.0000	1.1100	1.110
<b>Outpatient Hospital</b>	\$ 60.13	18%	1.0000	1.0600	1.060
<b>Professional</b>	\$ 111.48	34%	1.0200	1.0500	1.071
<b>Other Medical</b>	\$ 17.27	5%	1.0100	1.0500	1.061
<b>Capitation</b>	\$ 1.22	0%	1.0000	1.0000	1.000
<b>Prescription Drug</b>	\$ 82.03	25%	1.0000	1.0950	1.095
<b>Total</b>	\$ 328.63	100%			1.081
<b>Proposed Trend</b>					<b>1.081</b>

## Exhibit 9 - Risk Adjustment

**2016**

<b>Metallic Tier</b>	<b>Member Months</b>	<b>Distribution</b>	<b>PLRS</b>	<b>ARF</b>	<b>Transfer \$</b>	<b>PMPM</b>
Catastrophic	9,842	9%	0.195	0.738	\$14,216	\$1.44
Bronze	38,211	36%	0.691	1.152	-\$5,067,681	-\$132.62
Silver	30,063	29%	1.082	1.108	-\$2,726,918	-\$90.71
Gold	17,159	16%	1.480	1.024	-\$484,035	-\$28.21
Platinum	10,205	10%	1.899	0.990	\$341,383	\$33.45
<b>Total</b>	<b>105,480</b>	<b>100%</b>	<b>1.001</b>	<b>1.064</b>	<b>-\$7,923,035</b>	<b>-\$75.11</b>
Statewide Catastrophic	10,182		0.192	0.738		
Statewide Non-Catastrophic	196,244		1.508	1.091		
State Average Premium		\$ 324.97				

**2018**

<b>Metallic Tier</b>	<b>Member Months</b>	<b>Distribution</b>	<b>PLRS</b>	<b>ARF</b>	<b>Transfer \$</b>	<b>PMPM</b>
Catastrophic	12,974	16%	0.195	0.720	\$20,615	\$1.59
Bronze	27,042	34%	0.719	1.078	-\$4,082,758	-\$150.98
Silver	22,665	28%	1.133	1.070	-\$2,661,171	-\$117.41
Gold	11,265	14%	1.475	0.978	-\$730,851	-\$64.88
Platinum	6,046	8%	2.042	0.950	\$154,322	\$25.52
<b>Total</b>	<b>79,993</b>	<b>100%</b>	<b>0.958</b>	<b>0.994</b>	<b>-\$7,299,843</b>	<b>-\$91.26</b>
Statewide Catastrophic	13,423		0.192	0.720		
Statewide Non-Catastrophic	199,563		1.622	1.026		
State Average Premium		\$ 357.46				

### Adjustment Factor applied to Market Adjusted Index Rate

<b>Projected Index Rate</b>	<b>Projected Transfer PMPM (Allowed basis)</b>	<b>Risk Adjustment User Fee</b>	<b>Adjustment Factor</b>
\$ 375.22	-\$158.82	\$ 0.14	1.424

Adjustment Factor = (\$375.22 - \$-158.82+ \$0.14) / \$375.22

# Exhibit 10A - Desired Incurred Claims Ratio

	2018	
	PMPM	% of Revenue
Allowed Claims \$	378.04	
Paid/Allowed Ratio	57.5%	
Paid Claims & Capitations \$	217.22	
Risk Adjustment Transfer (Paid Basis) \$	(91.26)	
Paid Claims & Capitations (Post-Risk Adj) \$	308.48	76.2%
Administrative Expense \$	65.64	16.2%
Broker Commissions & Fee \$	2.43	0.6%
Contribution to Reserve (Post-Tax) \$	-	0.0%
Investment Income Credit \$	(0.00)	-0.0001%
<u>Non-ACA Taxes &amp; Fees</u>		
State Premium Tax \$	8.10	2.0%
State Assessment Fee \$	0.47	0.1%
State Income Tax \$	-	0.0%
Federal Income Tax \$	-	0.0%
<u>ACA Taxes &amp; Fees</u>		
Health Insurer Tax \$	12.96	3.2%
Risk Adjustment User Fee \$	0.14	0.0%
Exchange Assessment Fee \$	4.05	1.0%
Federal Exchange User Fee \$	-	0.0%
PCORI Tax \$	0.21	0.1%
BlueRewards/Incentive Program \$	2.52	0.6%
Total Revenue \$	404.99	100.0%
Plan Level Admin Load Adjustment	1.312	
Projected Member Months	79,992	
Average Members	6,666	
% Total 2018	100.0%	

## Exhibit 10B - Federal MLR

	Total 2018 PMPM / %
<b><u>Traditional MLR Development</u></b>	
Paid Claims & Capitations (Post-Risk Adj)	\$ 341.58
Total Revenue	\$ 456.48
Traditional MLR (i.e. DICR)	74.8%
<b><u>Federal MLR Development</u></b>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program	\$ 0.42
Quality Improvement Expenses	\$ 0.40
Removal of non-care costs under MLR guidelines	\$ (0.57)
<b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees	\$ 10.83
ACA Taxes & Fees	\$ 19.52
Federal MLR Numerator	\$ 341.83
Federal MLR Denominator	\$ 426.14
Federal MLR	80.2%

The Federal MLR is based on a blended market

**Exhibit 11 - Plan Adjusted Index Rates**

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor*	Induced Utilization**	Non- EHB***	Catastrophic Adjustment****	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0400001	BlueChoice HMO Standard Silver \$3,500	HMO	Silver	On	Open Access	534.18	0.664	0.957	0.9742	1.006	1.000	1.000	1.312	436.53
86052DC0400002	BlueChoice HMO Standard Gold \$500	HMO	Gold	On	Open Access	534.18	0.838	0.957	1.0180	1.005	1.000	1.000	1.312	575.62
86052DC0400004	BlueChoice HMO Young Adult \$7,350	HMO	Catastrophic	On	Open Access	534.18	0.551	0.957	0.9428	1.012	0.504	1.000	1.312	177.78
86052DC0400007	BlueChoice HMO Standard Bronze \$6,000	HMO	Bronze	On	Open Access	534.18	0.598	0.957	0.9428	1.007	1.000	1.000	1.312	381.05
86052DC0400008	BlueChoice HMO Standard Platinum \$0	HMO	Platinum	On	Open Access	534.18	0.915	0.957	1.0841	1.005	1.000	1.000	1.312	669.02
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	HMO	Bronze	On	Open Access	534.18	0.529	0.957	0.8909	1.008	1.000	1.000	1.312	318.39
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	HMO	Gold	On	Open Access	534.18	0.733	0.957	0.9619	1.006	1.000	1.000	1.312	475.68

\*Appendix - Network Factors, \*\*Exhibit 15, \*\*\*Exhibit 3, \*\*\*\*Appendix - Catastrophic Adj.

### Exhibit 12 - AV Values

HIOS Plan ID	Suffix	HIOS Plan Name	HHS AV
86052DC0400001	01	BlueChoice HMO Standard Silver \$3,500	0.720
86052DC0400001	02	BlueChoice HMO Standard Silver \$3,500 Zero	1.000
86052DC0400001	03	BlueChoice HMO Standard Silver \$3,500 Limited	0.720
86052DC0400001	04	BlueChoice HMO Standard Silver \$3,500 73% CSR	0.740
86052DC0400001	05	BlueChoice HMO Standard Silver \$3,500 87% CSR	0.861
86052DC0400001	06	BlueChoice HMO Standard Silver \$3,500 94% CSR	0.932
86052DC0400002	01	BlueChoice HMO Standard Gold \$500	0.819
86052DC0400002	02	BlueChoice HMO Standard Gold \$500 Zero	1.000
86052DC0400002	03	BlueChoice HMO Standard Gold \$500 Limited	0.819
86052DC0400004	01	BlueChoice HMO Young Adult \$7,350	0.613
86052DC0400007	01	BlueChoice HMO Standard Bronze \$6,000	0.648
86052DC0400007	02	BlueChoice HMO Standard Bronze \$6,000 Zero	1.000
86052DC0400007	03	BlueChoice HMO Standard Bronze \$6,000 Limited	0.648
86052DC0400008	01	BlueChoice HMO Standard Platinum \$0	0.882
86052DC0400008	02	BlueChoice HMO Standard Platinum \$0 Zero	1.000
86052DC0400008	03	BlueChoice HMO Standard Platinum \$0 Limited	0.882
86052DC0400010	01	BlueChoice HMO HSA Standard Bronze \$6,200	0.606
86052DC0400010	02	BlueChoice HMO HSA Standard Bronze \$6,200 Zero	1.000
86052DC0400010	03	BlueChoice HMO HSA Standard Bronze \$6,200 Limited	0.606
86052DC0400011	01	BlueChoice HMO HSA Gold \$1,500	0.780
86052DC0400011	02	BlueChoice HMO HSA Gold \$1,500 Zero	1.000
86052DC0400011	03	BlueChoice HMO HSA Gold \$1,500 Limited	0.780

### Exhibit 13 - Age Calibration

	Average Age	Factor	
(1) Projected	41.7	1.039	
(2) Nearest Rounded	42.0	1.053	
(3) Calibration		1.013	(2)/(1)

The nearest rounded age is determined as the age for the factor closest to the member weighted average factor. The projected average age is then interpolated using the nearest and average factors and the nearest age.

# **Exhibit 14 - Age Factors**

<b>Age</b>	<b>Factor</b>
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181



**Exhibit 15 - Induced Utilization Factors**

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	140,761	1.000	0.960
Non-CDH	348,342	1.058	1.016
	<b>489,103</b>	<b>1.042</b>	

Full HIOS Plan ID	Base HIOS Plan ID	Plan Name	Metal Level	Relative to Bronze	Projected Member Months	Relative to Average (Pool)	Relative to Average (CSR)
86052DC040000101	86052DC0400001	BlueChoice HMO Standard Silver \$3,500	Silver	1.030	21,391	0.956	0.959
86052DC040000102	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 Zero	Silver	1.030	34	0.956	0.959
86052DC040000103	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 Limited	Silver	1.030	-	0.956	0.959
86052DC040000104	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 73% CSR	Silver	1.030	649	0.956	0.959
86052DC040000105	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 87% CSR	Silver	1.150	257	1.067	0.959
86052DC040000106	86052DC0400001	BlueChoice HMO Standard Silver \$3,500 94% CSR	Silver	1.150	335	1.067	0.959
86052DC040000201	86052DC0400002	BlueChoice HMO Standard Gold \$500	Gold	1.080	7,610	1.002	1.002
86052DC040000202	86052DC0400002	BlueChoice HMO Standard Gold \$500 Zero	Gold	1.080	-	1.002	1.002
86052DC040000203	86052DC0400002	BlueChoice HMO Standard Gold \$500 Limited	Gold	1.080	-	1.002	1.002
86052DC040000401	86052DC0400004	BlueChoice HMO Young Adult \$7,350	Catastrophic	1.000	12,974	0.928	0.928
86052DC040000701	86052DC0400007	BlueChoice HMO Standard Bronze \$6,000	Bronze	1.000	23,008	0.928	0.928
86052DC040000702	86052DC0400007	BlueChoice HMO Standard Bronze \$6,000 Zero	Bronze	1.000	-	0.928	0.928
86052DC040000703	86052DC0400007	BlueChoice HMO Standard Bronze \$6,000 Limited	Bronze	1.000	196	0.928	0.928
86052DC040000801	86052DC0400008	BlueChoice HMO Standard Platinum \$0	Platinum	1.150	6,046	1.067	1.067
86052DC040000802	86052DC0400008	BlueChoice HMO Standard Platinum \$0 Zero	Platinum	1.150	-	1.067	1.067
86052DC040000803	86052DC0400008	BlueChoice HMO Standard Platinum \$0 Limited	Platinum	1.150	-	1.067	1.067
86052DC040001001	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	Bronze	1.000	3,837	0.928	0.928
86052DC040001002	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200 Zero	Bronze	1.000	-	0.928	0.928
86052DC040001003	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200 Limited	Bronze	1.000	-	0.928	0.928
86052DC040001101	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	Gold	1.080	3,655	1.002	1.002
86052DC040001102	86052DC0400011	BlueChoice HMO HSA Gold \$1,500 Zero	Gold	1.080	-	1.002	1.002
86052DC040001103	86052DC0400011	BlueChoice HMO HSA Gold \$1,500 Limited	Gold	1.080	-	1.002	1.002

## Appendix - Network Factors

Network Type	Proposed Products Using This Network	Description
Lock In / Referral	BlueChoice HMO Referral	Referrals needed for Specialist Care, No Out of Network Coverage.
Open Access	BlueChoice HMO	No Referrals needed for Specialist, No Out of Network Coverage.
Open Access Opt-Out	BlueChoice Plus Out-Out	No Referrals needed for Specialist, Out of Network Benefits pay up to In Network allowance, Member may be balance billed.
Open Access Plus	BlueChoice Plus	No Referrals needed, Out of Network allowances pay up to Regional Preferred Network (RPN) allowance.
Open Access Advantage	BlueChoice Advantage	No Referrals needed, Out of Network allowance pay up to RPN allowance, Out of Area BlueCard considered In Network for cost-

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	39,870	1.000	0.912
Open Access	166,074	1.050	0.957
Open Access Opt-Out	46,480	1.065	0.971
Open Access Plus	71,515	1.081	0.986
Open Access Advantage	165,164	1.183	1.079
<b>Total</b>	<b>489,103</b>	<b>1.097</b>	

**Factors are applied as plan level adjustments**

## Appendix - Catastrophic Plans Adjustment

### Method 1: Normalize Catastrophic PMPM - using Age, Induced Demand and AV

	Catastrophic	Non-Catastrophic	Total (single risk pool)
Member Months	9,733	95,060	104,793
Distiribution	9.3%	90.7%	
Completed Allowed	\$743,343	\$31,396,926	\$32,140,269
Allowed PMPM	\$76.37	\$330.29	\$306.70
ARF	0.740	1.111	1.077
IDF	1.000	1.040	1.036
AV	0.570	0.699	0.687
<b>Net Factor</b>	<b>0.422</b>	<b>0.808</b>	<b>0.772</b>
<b>Normailzed Factor</b>	<b>1.831</b>	<b>0.956</b>	<b>1.000</b>
<b>Normalized PMPM</b>	<b>\$139.87</b>	<b>\$315.62</b>	<b>\$306.70</b>
<b>Method 1 Cat Factor</b>	<b>0.456</b>		

### Method 2: Apply Credibility to Age Normalized Catastrophic PMPM

Age Normalized Cat Pl	\$114.70
Member Months	9,733
Full Credibility	
(Member Months)	24,000
% Credible	63.7%
Cred-Adjusted Cat	
PMPM	\$184.43
<b>Method 2 Cat Factor</b>	<b>0.601</b>

### Step 3: Combined Methods 1 & 2 (2/3 of method 1, with 1/3 of method 2)

Cat Factor	<b>0.504</b>
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**Appendix - Experience Period to Rating Period Plan Mappings**

Exp. Period		Current Period		Rating Period	
2016 Base HIOS Plan ID	2016 HIOS Plan Name	2017 Base HIOS Plan ID	2017 HIOS Plan Name	2018 Base HIOS Plan ID	2018 HIOS Plan Name
86052DC0400001	BlueChoice HMO Standard Silver \$2,000	86052DC0400001	BlueChoice HMO Standard Silver \$2,000	86052DC0400001	BlueChoice HMO Standard Silver \$3,500
86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500
86052DC0400003	HealthyBlue HMO Gold \$1,000	86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500
86052DC0400004	BlueChoice HMO Young Adult \$6,850	86052DC0400004	BlueChoice HMO Young Adult \$7,150	86052DC0400004	BlueChoice HMO Young Adult \$7,350
86052DC0400005	BlueChoice HMO HSA Bronze \$6,000	86052DC0400007	BlueChoice HMO Standard Bronze \$5,000	86052DC0400007	BlueChoice HMO Standard Bronze \$6,000
86052DC0400006	BlueChoice HMO HSA Silver \$1,350	86052DC0400001	BlueChoice HMO Standard Silver \$2,000	86052DC0400001	BlueChoice HMO Standard Silver \$3,500
86052DC0400007	BlueChoice HMO Standard Bronze \$4,500	86052DC0400007	BlueChoice HMO Standard Bronze \$5,000	86052DC0400007	BlueChoice HMO Standard Bronze \$6,000
86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0
86052DC0400009	BlueChoice HMO HSA Bronze \$6,550	86052DC0400007	BlueChoice HMO Standard Bronze \$5,000	86052DC0400007	BlueChoice HMO Standard Bronze \$6,000
				86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200
				86052DC0400011	BlueChoice HMO HSA Gold \$1,500

Appendix - Annual Rate Change Based on Mapping

Catastrophic/Avg Renewal	923	32.3%
Bronze Members/Avg Renewal	2,068	45.9%
Silver Members/Avg Renewal	1,910	37.4%
Gold Members/Avg Renewal	737	39.0%
Platinum Members/Avg Renewal	539	36.1%
<b>All Members/Avg Renewal</b>	<b>6,176</b>	<b>39.6%</b>
<b>Minimum Renewal</b>		<b>32.3%</b>
<b>Maximum Renewal</b>		<b>45.9%</b>

2017 HIOS Plan ID	2017 HIOS Plan Name	2017 Metal Level	2017 Marketplace Indicator	2018 HIOS Plan ID	2018 HIOS Plan Name	2018 Metal Level	2018 Marketplace Indicator	Projected 2017 EOY Members	2017 Base Rate	2018 Base Rate	Annual Rate Change
86052DC0400001	BlueChoice HMO Standard Silver \$2,000	Silver	On	86052DC0400001	BlueChoice HMO Standard Silver \$3,500	Silver	On	1,910	\$305.68	\$420.03	37.4%
86052DC0400002	BlueChoice HMO Standard Gold \$500	Gold	On	86052DC0400002	BlueChoice HMO Standard Gold \$500	Gold	On	737	\$398.53	\$553.86	39.0%
86052DC0400004	BlueChoice HMO Young Adult \$7,150	Catastrophic	On	86052DC0400004	BlueChoice HMO Young Adult \$7,350	Catastrophic	On	923	\$129.31	\$171.06	32.3%
86052DC0400007	BlueChoice HMO Standard Bronze \$5,000	Bronze	On	86052DC0400007	BlueChoice HMO Standard Bronze \$6,000	Bronze	On	2,068	\$251.25	\$366.65	45.9%
86052DC0400008	BlueChoice HMO Standard Platinum \$0	Platinum	On	86052DC0400008	BlueChoice HMO Standard Platinum \$0	Platinum	On	539	\$473.07	\$643.74	36.1%

### Appendix - Maximum Rate Renewal

	2017	2018	% Change
Base Rate	\$251.25	\$366.65	45.9%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$164.32</b>	<b>\$266.55</b>	<b>62.2%</b>

	BlueChoice HMO Standard Bronze	BlueChoice HMO Standard Bronze
Base Rate/Product(s)	\$5,000	\$6,000
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

\*we did not geo rate

\*\*we did not tobacco rate

Appendix - Federal Required \$1.00 minimum for abortion

HIOS Plan ID	Plan Name	Exchange	Minimum Charge	Lowest Age Factor	Base Premium	Age Calibration	Plan Adjusted Index Rate	Admin	Catastrophic Factor	Network Factor	Non-EHB	Induced Utilization	Benefit	Market Adjusted Index Rate	Exchange User Fee	Risk Adjustment Fee	Index Rate	\$1 Check	Final Rate, above \$1.00
86052DC0400001	BlueChoice HMO Standard Silver \$3,500	On	\$1.00	0.654	\$1.53	0.962	\$1.59	1.3123	1.000	0.957	1.000	0.971	0.664	\$1.96	1.00	1.42	\$1.38	\$1.00	\$1.38
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$1.00	0.654	\$1.53	0.962	\$1.59	1.3123	1.000	0.957	1.000	1.018	0.838	\$1.48	1.00	1.42	\$1.04	\$1.00	\$1.04
86052DC0400004	BlueChoice HMO Young Adult \$7,350	On	\$1.00	0.654	\$1.53	0.962	\$1.59	1.3123	0.504	0.957	1.000	0.943	0.551	\$4.83	1.00	1.42	\$3.39	\$1.00	\$3.39
86052DC0400007	BlueChoice HMO Standard Bronze \$6,000	On	\$1.00	0.654	\$1.53	0.962	\$1.59	1.3123	1.000	0.957	1.000	0.943	0.598	\$2.24	1.00	1.42	\$1.57	\$1.00	\$1.57
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$1.00	0.654	\$1.53	0.962	\$1.59	1.3123	1.000	0.957	1.000	1.084	0.915	\$1.28	1.00	1.42	\$0.90	\$1.00	\$0.90
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	On	\$1.00	0.654	\$1.53	0.962	\$1.59	1.3123	1.000	0.957	1.000	0.891	0.529	\$2.69	1.00	1.42	\$1.89	\$1.00	\$1.89
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	On	\$1.00	0.654	\$1.53	0.962	\$1.59	1.3123	1.000	0.957	1.000	0.962	0.733	\$1.80	1.00	1.42	\$1.26	\$1.00	\$1.26

## Appendix - Form Numbers Individual

### Form Numbers Associated With This Filing:

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This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

### ON-Exchange

#### BlueChoice HMO

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DC CFBC EXC HMO DOCS (1/17)  
DC CFBC EXC HMO IEA (R 1/17)  
DC/CFBC/DOL APPEAL (R. 1/17)  
DC/CFBC/EXC/NATAMER (1/14)  
DC/CFBC/MEM/BLCRD (R. 1/17)  
DC/CFBC/PT PROTECT (9/10)  
DC/CFBC/DB/INCENT (R. 1/18)  
DC/CFBC/EXC/2018 AMEND (1/18)  
DC/CFBC/EXC/HMO HSA STD/BRZ 6200 (1/18)  
DC/CFBC/EXC/HMO HSA STD/GOLD 1500 (1/18)  
DC/CFBC/EXC/HMO STD /NATAMER 0 (1/18)  
DC/CFBC/EXC/HMO STD NATAMER 0 (1/18)  
DC/CFBC/EXC/HMO STD/BRZ 6000 (1/18)  
DC/CFBC/EXC/HMO STD/GOLD 500 (1/18)  
DC/CFBC/EXC/HMO STD/PLAT 0 (1/18)  
DC/CFBC/EXC/HMO STD/SIL 3500 (1/18)  
DC/CFBC/EXC/HMO STD/SIL 3500 A (1/18)  
DC/CFBC/EXC/HMO STD/SIL 3500 B (1/18)  
DC/CFBC/EXC/HMO STD/SIL 3500 C (1/18)  
DC/CFBC/EXC/HMO/ YA 7350 SOB (1/18)  
DC/CFBC/EXC/HMO/NATAMER SOB (1/18)



## Appendix - Experience by Service Category

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	IP	\$146,653	Admit	15.00
201402	7,244	IP	\$296,432	Admit	30.00
201403	8,875	IP	\$452,531	Admit	41.00
201404	10,571	IP	\$518,178	Admit	35.00
201405	13,249	IP	\$831,216	Admit	69.00
201406	14,861	IP	\$630,852	Admit	68.00
201407	17,985	IP	\$813,840	Admit	82.00
201408	20,744	IP	\$678,185	Admit	75.00
201409	23,135	IP	\$1,763,263	Admit	93.00
201410	25,412	IP	\$1,155,593	Admit	126.00
201411	28,448	IP	\$2,106,731	Admit	135.00
201412	41,952	IP	\$2,116,536	Admit	179.00
201501	42,745	IP	\$2,513,961	Admit	196.00
201502	42,643	IP	\$2,218,036	Admit	171.00
201503	43,554	IP	\$2,503,635	Admit	189.00
201504	43,584	IP	\$2,208,461	Admit	171.00
201505	43,448	IP	\$2,145,378	Admit	155.00
201506	43,358	IP	\$1,942,632	Admit	158.00
201507	43,067	IP	\$2,424,123	Admit	186.00
201508	42,904	IP	\$2,675,610	Admit	215.00
201509	42,870	IP	\$2,149,303	Admit	198.00
201510	42,801	IP	\$2,592,562	Admit	171.00
201511	42,898	IP	\$2,826,602	Admit	161.00
201512	43,377	IP	\$2,843,757	Admit	185.00
201601	44,297	IP	\$2,335,061	Admit	162.00
201602	44,642	IP	\$2,573,567	Admit	176.00
201603	44,852	IP	\$2,648,650	Admit	213.00
201604	44,745	IP	\$2,663,358	Admit	169.00
201605	44,584	IP	\$2,229,024	Admit	165.00
201606	44,519	IP	\$2,327,824	Admit	175.00
201607	44,235	IP	\$2,308,938	Admit	168.00
201608	43,933	IP	\$2,319,965	Admit	186.00
201609	43,584	IP	\$2,452,481	Admit	193.00
201610	43,338	IP	\$2,567,781	Admit	185.00
201611	43,046	IP	\$2,804,409	Admit	157.00
201612	42,186	IP	\$2,601,105	Admit	165.00
201701	41,362	IP	\$2,504,290	Admit	166.00
201702	40,960	IP	\$1,130,250	Admit	95.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	OP	\$409,236	Visit	209.00
201402	7,244	OP	\$392,851	Visit	299.00
201403	8,875	OP	\$409,763	Visit	381.00
201404	10,571	OP	\$567,071	Visit	465.00
201405	13,249	OP	\$815,545	Visit	628.00
201406	14,861	OP	\$638,604	Visit	670.00
201407	17,985	OP	\$1,056,328	Visit	817.00
201408	20,744	OP	\$1,128,138	Visit	853.00
201409	23,135	OP	\$1,137,108	Visit	1,043.00
201410	25,412	OP	\$1,584,694	Visit	1,164.00
201411	28,448	OP	\$1,460,176	Visit	1,166.00
201412	41,952	OP	\$2,337,548	Visit	1,808.00
201501	42,745	OP	\$2,375,951	Visit	1,822.00
201502	42,643	OP	\$2,441,207	Visit	1,715.00
201503	43,554	OP	\$2,714,252	Visit	1,990.00
201504	43,584	OP	\$2,540,348	Visit	1,957.00
201505	43,448	OP	\$2,609,239	Visit	1,997.00
201506	43,358	OP	\$2,687,727	Visit	1,974.00
201507	43,067	OP	\$2,454,262	Visit	1,902.00
201508	42,904	OP	\$2,680,033	Visit	1,932.00
201509	42,870	OP	\$2,476,505	Visit	1,994.00
201510	42,801	OP	\$2,515,599	Visit	2,070.00
201511	42,898	OP	\$2,439,409	Visit	1,960.00
201512	43,377	OP	\$2,678,215	Visit	1,984.00
201601	44,297	OP	\$2,303,535	Visit	1,777.00
201602	44,642	OP	\$2,695,356	Visit	1,869.00
201603	44,852	OP	\$2,557,861	Visit	2,077.00
201604	44,745	OP	\$2,546,560	Visit	1,992.00
201605	44,584	OP	\$2,887,988	Visit	2,015.00
201606	44,519	OP	\$2,866,403	Visit	2,018.00
201607	44,235	OP	\$2,629,241	Visit	1,835.00
201608	43,933	OP	\$2,885,243	Visit	2,024.00
201609	43,584	OP	\$2,377,299	Visit	1,837.00
201610	43,338	OP	\$2,655,125	Visit	1,920.00
201611	43,046	OP	\$2,759,043	Visit	1,828.00
201612	42,186	OP	\$2,583,571	Visit	1,753.00
201701	41,362	OP	\$2,413,388	Visit	1,644.00
201702	40,960	OP	\$2,361,620	Visit	1,899.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	PROF	\$517,966	Visit	3,026.00
201402	7,244	PROF	\$656,367	Visit	4,264.00
201403	8,875	PROF	\$838,454	Visit	5,670.00
201404	10,571	PROF	\$1,211,061	Visit	7,342.00
201405	13,249	PROF	\$1,277,613	Visit	8,698.00
201406	14,861	PROF	\$1,449,205	Visit	9,988.00
201407	17,985	PROF	\$1,787,703	Visit	12,416.00
201408	20,744	PROF	\$1,963,061	Visit	13,720.00
201409	23,135	PROF	\$2,389,099	Visit	16,197.00
201410	25,412	PROF	\$2,919,876	Visit	20,470.00
201411	28,448	PROF	\$2,698,457	Visit	18,766.00
201412	41,952	PROF	\$4,293,383	Visit	29,955.00
201501	42,745	PROF	\$4,556,539	Visit	30,482.00
201502	42,643	PROF	\$4,100,602	Visit	27,924.00
201503	43,554	PROF	\$4,746,275	Visit	31,709.00
201504	43,584	PROF	\$4,721,736	Visit	32,613.00
201505	43,448	PROF	\$4,514,685	Visit	30,853.00
201506	43,358	PROF	\$4,856,058	Visit	32,994.00
201507	43,067	PROF	\$4,642,856	Visit	31,521.00
201508	42,904	PROF	\$4,579,254	Visit	30,359.00
201509	42,870	PROF	\$4,721,898	Visit	31,815.00
201510	42,801	PROF	\$5,085,739	Visit	35,103.00
201511	42,898	PROF	\$4,896,430	Visit	31,526.00
201512	43,377	PROF	\$5,046,883	Visit	33,468.00
201601	44,297	PROF	\$4,422,403	Visit	28,885.00
201602	44,642	PROF	\$4,718,533	Visit	31,907.00
201603	44,852	PROF	\$5,310,996	Visit	35,779.00
201604	44,745	PROF	\$4,949,069	Visit	33,322.00
201605	44,584	PROF	\$5,005,307	Visit	32,606.00
201606	44,519	PROF	\$5,235,093	Visit	33,411.00
201607	44,235	PROF	\$4,504,282	Visit	29,991.00
201608	43,933	PROF	\$5,254,310	Visit	33,678.00
201609	43,584	PROF	\$4,887,361	Visit	31,796.00
201610	43,338	PROF	\$4,915,656	Visit	32,888.00
201611	43,046	PROF	\$4,851,512	Visit	31,484.00
201612	42,186	PROF	\$4,801,071	Visit	29,473.00
201701	41,362	PROF	\$4,777,497	Visit	28,438.00
201702	40,960	PROF	\$6,119,818	Visit	42,315.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	OTHR	\$33,333	Service	399.00
201402	7,244	OTHR	\$52,260	Service	523.00
201403	8,875	OTHR	\$99,872	Service	831.00
201404	10,571	OTHR	\$114,930	Service	1,013.00
201405	13,249	OTHR	\$186,466	Service	1,031.00
201406	14,861	OTHR	\$204,813	Service	1,182.00
201407	17,985	OTHR	\$273,058	Service	1,786.00
201408	20,744	OTHR	\$267,201	Service	1,827.00
201409	23,135	OTHR	\$314,150	Service	1,795.00
201410	25,412	OTHR	\$371,023	Service	2,399.00
201411	28,448	OTHR	\$365,852	Service	2,287.00
201412	41,952	OTHR	\$587,991	Service	4,207.00
201501	42,745	OTHR	\$613,375	Service	3,560.00
201502	42,643	OTHR	\$557,855	Service	3,429.00
201503	43,554	OTHR	\$603,247	Service	4,018.00
201504	43,584	OTHR	\$677,901	Service	4,310.00
201505	43,448	OTHR	\$586,177	Service	3,724.00
201506	43,358	OTHR	\$737,140	Service	4,420.00
201507	43,067	OTHR	\$737,601	Service	4,175.00
201508	42,904	OTHR	\$712,478	Service	4,642.00
201509	42,870	OTHR	\$742,109	Service	3,750.00
201510	42,801	OTHR	\$813,242	Service	4,220.00
201511	42,898	OTHR	\$744,556	Service	4,028.00
201512	43,377	OTHR	\$950,943	Service	4,593.00
201601	44,297	OTHR	\$615,920	Service	3,859.00
201602	44,642	OTHR	\$716,742	Service	4,205.00
201603	44,852	OTHR	\$857,816	Service	5,018.00
201604	44,745	OTHR	\$719,400	Service	4,396.00
201605	44,584	OTHR	\$809,869	Service	4,276.00
201606	44,519	OTHR	\$846,173	Service	4,811.00
201607	44,235	OTHR	\$728,592	Service	4,313.00
201608	43,933	OTHR	\$752,851	Service	5,066.00
201609	43,584	OTHR	\$757,485	Service	3,631.00
201610	43,338	OTHR	\$699,284	Service	3,841.00
201611	43,046	OTHR	\$723,696	Service	3,471.00
201612	42,186	OTHR	\$889,999	Service	3,443.00
201701	41,362	OTHR	\$604,008	Service	2,703.00
201702	40,960	OTHR	\$747,636	Service	3,901.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	5,286	RX	\$212,195	Script	2,261.00
201402	7,244	RX	\$388,252	Script	3,938.00
201403	8,875	RX	\$635,489	Script	5,954.00
201404	10,571	RX	\$730,162	Script	6,993.00
201405	13,249	RX	\$853,821	Script	8,555.00
201406	14,861	RX	\$928,130	Script	9,503.00
201407	17,985	RX	\$1,406,143	Script	11,964.00
201408	20,744	RX	\$1,500,652	Script	13,314.00
201409	23,135	RX	\$1,671,440	Script	14,925.00
201410	25,412	RX	\$2,129,026	Script	17,262.00
201411	28,448	RX	\$1,890,420	Script	17,850.00
201412	41,952	RX	\$3,418,382	Script	29,411.00
201501	42,745	RX	\$3,573,385	Script	29,038.00
201502	42,643	RX	\$3,295,058	Script	26,358.00
201503	43,554	RX	\$3,764,288	Script	29,455.00
201504	43,584	RX	\$3,776,392	Script	28,684.00
201505	43,448	RX	\$3,714,837	Script	28,489.00
201506	43,358	RX	\$3,934,939	Script	28,803.00
201507	43,067	RX	\$4,089,970	Script	28,900.00
201508	42,904	RX	\$3,993,745	Script	27,835.00
201509	42,870	RX	\$3,774,103	Script	27,987.00
201510	42,801	RX	\$3,869,850	Script	29,047.00
201511	42,898	RX	\$3,979,318	Script	27,690.00
201512	43,377	RX	\$4,562,823	Script	30,578.00
201601	44,297	RX	\$3,568,140	Script	27,203.00
201602	44,642	RX	\$4,095,666	Script	27,690.00
201603	44,852	RX	\$4,677,490	Script	30,178.00
201604	44,745	RX	\$4,488,293	Script	28,461.00
201605	44,584	RX	\$4,243,405	Script	28,477.00
201606	44,519	RX	\$4,596,703	Script	28,674.00
201607	44,235	RX	\$4,110,092	Script	26,860.00
201608	43,933	RX	\$4,271,274	Script	28,376.00
201609	43,584	RX	\$4,028,150	Script	26,324.00
201610	43,338	RX	\$4,053,808	Script	26,994.00
201611	43,046	RX	\$4,047,874	Script	27,281.00
201612	42,186	RX	\$3,979,166	Script	27,626.00
201701	41,362	RX	\$3,881,301	Script	26,479.00
201702	40,960	RX	\$3,966,749	Script	25,390.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization	Premium	Incurred Claims
201401	5,286	All	\$1,319,383	n/a	n/a	1,907,334	\$1,057,728
201402	7,244	All	\$1,786,162	n/a	n/a	2,390,601	\$1,389,662
201403	8,875	All	\$2,436,110	n/a	n/a	2,905,275	\$1,913,216
201404	10,571	All	\$3,141,401	n/a	n/a	3,515,078	\$2,561,403
201405	13,249	All	\$3,964,661	n/a	n/a	4,340,643	\$3,163,183
201406	14,861	All	\$3,851,606	n/a	n/a	4,933,109	\$3,066,804
201407	17,985	All	\$5,337,072	n/a	n/a	6,105,495	\$4,305,231
201408	20,744	All	\$5,537,238	n/a	n/a	7,165,424	\$4,483,937
201409	23,135	All	\$7,275,060	n/a	n/a	8,084,795	\$6,110,455
201410	25,412	All	\$8,160,210	n/a	n/a	8,884,600	\$6,791,545
201411	28,448	All	\$8,521,636	n/a	n/a	10,125,468	\$7,251,984
201412	41,952	All	\$12,753,840	n/a	n/a	15,322,056	\$10,626,597
201501	42,745	All	\$13,633,210	n/a	n/a	15,863,224	\$10,949,342
201502	42,643	All	\$12,612,758	n/a	n/a	16,008,304	\$10,383,642
201503	43,554	All	\$14,331,697	n/a	n/a	14,782,460	\$11,974,586
201504	43,584	All	\$13,924,837	n/a	n/a	16,280,442	\$11,654,866
201505	43,448	All	\$13,570,317	n/a	n/a	16,268,094	\$11,439,914
201506	43,358	All	\$14,158,497	n/a	n/a	16,291,723	\$12,007,476
201507	43,067	All	\$14,348,812	n/a	n/a	16,244,830	\$12,269,575
201508	42,904	All	\$14,641,120	n/a	n/a	16,240,937	\$12,623,251
201509	42,870	All	\$13,863,918	n/a	n/a	16,334,319	\$11,878,298
201510	42,801	All	\$14,876,992	n/a	n/a	16,367,570	\$12,792,993
201511	42,898	All	\$14,886,316	n/a	n/a	16,464,554	\$12,875,786
201512	43,377	All	\$16,082,621	n/a	n/a	16,902,965	\$13,669,571
201601	44,297	All	\$13,245,059	n/a	n/a	17,341,236	\$10,161,087
201602	44,642	All	\$14,799,864	n/a	n/a	17,242,140	\$11,633,690
201603	44,852	All	\$16,052,814	n/a	n/a	17,231,532	\$13,010,591
201604	44,745	All	\$15,366,681	n/a	n/a	17,134,805	\$12,455,163
201605	44,584	All	\$15,175,594	n/a	n/a	17,052,204	\$12,429,696
201606	44,519	All	\$15,872,196	n/a	n/a	17,015,603	\$13,032,547
201607	44,235	All	\$14,281,144	n/a	n/a	16,906,348	\$11,821,087
201608	43,933	All	\$15,483,642	n/a	n/a	16,725,092	\$12,733,552
201609	43,584	All	\$14,502,776	n/a	n/a	16,609,838	\$11,939,160
201610	43,338	All	\$14,891,653	n/a	n/a	16,537,169	\$12,173,294
201611	43,046	All	\$15,186,534	n/a	n/a	16,486,454	\$12,900,601
201612	42,186	All	\$14,854,912	n/a	n/a	16,255,402	\$11,921,767
201701	41,362	All	\$14,180,485	n/a	n/a	16,766,363	\$11,082,068
201702	40,960	All	\$14,326,074	n/a	n/a	16,622,654	\$10,964,676

## DC BlueChoice Small Group & Individual Combined (Individual)

### Exhibit 1 - Market Adjusted Index Rate Summary

		2018	2017	% Change
(1)	Base Period Total Allowed	\$ 328.63	\$ 320.29	2.6%
(2)	Base Period Non-EHB PMPM	\$ 2.01	\$ 1.63	23.5%
(3)	Experience Period Index Rate	\$ 326.62	\$ 319.00	2.4%
(4)	Change in Morbidity	1.000	0.968	3.3%
(5)	Additional Population Adjustment	1.000	1.000	0.0%
(6)	Induced Demand	0.996	0.996	-0.1%
(7)	Projection Period Utilization and Network Adjustment	1.000	1.000	0.0%
(8)	Demographic Adjustment	0.997	1.005	-0.9%
(9)	Area Adjustment	1.000	1.000	0.0%
(10)	Additional "Other" Adjustments	0.990	0.986	0.4%
(11)	Annualized Trend	8.1%	8.1%	
(12)	Months of Trend	24.0	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.169	1.168	0.1%
(14)	Projection Period Index Rate	\$ 375.22	\$ 356.64	5.2%
(15)	Risk Adjustment Program	1.424	1.117	27.5%
(16)	Federal Exchange User Fee	1.000	1.000	0.0%
(17)	Market Adjusted Index Rate	\$ 534.18	\$ 398.24	34.1%
	Without Risk Adjustment	\$ 375.22	\$ 356.64	5.2%

2018 DC Individual BlueChoice  
Plan Adjusted Index Rate Changes

Index		HIOS Plan ID	Plan Name	Type	Metallic Tier	On/Off	12/2017 Members	Market Adjusted Index Rate			Benefits			Network			Induced Utilization			Non-EHB			Catastrophic Adjustment			Admin			Age Calibration			Total Change		
								2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change
1		86052DC0400001	BlueChoice HMO Standard Silver \$3,500	HMO	Silver	On	1,910	\$534.18	\$398.24	34.14%	0.664	0.655	1.42%	0.957	0.980	-2.37%	0.974	0.959	1.55%	1.006	1.007	-0.09%	1.000	1.000	0.00%	1.312	1.294	1.41%	0.962	0.957	0.55%	\$420.03	\$305.68	37.41%
2		86052DC0400002	BlueChoice HMO Standard Gold \$500	HMO	Gold	On	737	\$534.18	\$398.24	34.14%	0.838	0.815	2.91%	0.957	0.980	-2.37%	1.018	1.006	1.20%	1.005	1.006	-0.08%	1.000	1.000	0.00%	1.312	1.294	1.41%	0.962	0.957	0.55%	\$553.86	\$398.53	38.98%
3		86052DC0400004	BlueChoice HMO Young Adult \$7,350	HMO	Catastrophic	On	923	\$534.18	\$398.24	34.14%	0.551	0.523	5.35%	0.957	0.980	-2.37%	0.943	0.931	1.23%	1.012	1.013	-0.18%	0.504	0.542	-6.94%	1.312	1.294	1.41%	0.962	0.957	0.55%	\$171.06	\$129.31	32.29%
4		86052DC0400007	BlueChoice HMO Standard Bronze \$6,000	HMO	Bronze	On	2,068	\$534.18	\$398.24	34.14%	0.598	0.554	8.10%	0.957	0.980	-2.37%	0.943	0.931	1.23%	1.007	1.008	-0.14%	1.000	1.000	0.00%	1.312	1.294	1.41%	0.962	0.957	0.55%	\$366.65	\$251.25	45.93%
5		86052DC0400008	BlueChoice HMO Standard Platinum \$0	HMO	Platinum	On	539	\$534.18	\$398.24	34.14%	0.915	0.909	0.74%	0.957	0.980	-2.37%	1.084	1.071	1.21%	1.005	1.006	-0.06%	1.000	1.000	0.00%	1.312	1.294	1.41%	0.962	0.957	0.55%	\$643.74	\$473.07	36.08%



Key Drivers:

- 1.) Increases in allowed cost, assumed annual trend of 8.1%.
- 2.) Reintroduction of the Health Insurer Fee in 2018.
- 3.) Assumed projection in the risk adjustment factor.

May 1, 2017

Mr. Efren Tanhehco  
Supervisory Health Actuary  
Department of Insurance, Securities and Banking



Re: CareFirst BlueChoice, Inc. Individual, Non-Medigap Rate Filing Cover Letter

Mr. Tanhehco,

In accordance with DISB requirements this letter has been submitted as cover for our 2018 ACA plan rate filing submitted 5/1/2017. Please note the required information below:

- a. **Company Name:** CareFirst BlueChoice, Inc. (CFBC)
- b. **NAIC Company Code:** 96202
- c. **Unique Company Filing Number:** 2173
- d. **Date Submitted:** 5/1/2017
- e. **Proposed Effective Date:** 1/1/2018
- f. **Type of Product:** HMO – On Exchange
- g. **Individual or Group:** Individual, Non-Medigap
- h. **Scope and Purpose of Filing:** This filing has been submitted to propose the rate actions listed below in section k for all non-grandfathered ACA compliant plans offered by CFBC.
- i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-130549428).
- j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of CFBC ACA plans will be impacted.
- k. **Overall Premium Impact of Filing on DC Policyholders:** Proposed average rate increase for 2018 is 39.6%.
- l. **Contact Information:**
  - a. Name: Joshua R. Phelps, ASA, CERA, MAAA
  - b. Telephone Number: 410-998-7477
  - c. Email: [joshua.phelps@Carefirst.com](mailto:joshua.phelps@Carefirst.com)
  - d. Fax: 410-505-2192

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 5/1/2017.

Sincerely,

Joshua R. Phelps  
Digitally signed by Joshua R. Phelps  
Date: 2017.05.01 14:23:12 -04'00'

Joshua R. Phelps, ASA, CERA, MAAA  
Assistant Actuary



**Product-Plan Data Collection**

Company Legal Name:  
HIO5 Issuer ID:  
Effective Date of Rate Change(s):

**BlueChoice, Inc.**  
**86052**  
**1/1/2018**

State: **DC**  
Market: **Individual**

**Product/Plan Level Calculations**

Section I: General Product and Plan Information																					
Product		BlueChoice HMO																			
Product ID:		86052DC0400																			
Metal:		Silver		Gold		Catastrophic		Bronze		Silver		Bronze		Platinum		Bronze		Bronze		Gold	
AV Metal Value		0.720		0.819		0.781		0.613		0.618		0.705		0.648		0.882		0.599		0.606	
AV Pricing Value		1.078		1.010		0.333		0.010		0.010		0.713		1.252		0.596		0.890		0.780	
Plan Category		Renewing		Renewing		Terminated		Renewing		Terminated		Renewing		Renewing		Terminated		New		New	
Plan Type:		HMO		HMO		HMO		HMO		HMO		HMO		HMO		HMO		HMO		HMO	
Plan Name		BlueChoice HMO Standard Silver		BlueChoice HMO Standard Gold		HealthyBlue HMO Gold \$1,000		BlueChoice HMO Young Adult \$7,350		BlueChoice HMO HSA Bronze \$6,000		BlueChoice HMO HSA Silver \$1,350		BlueChoice HMO Standard Bronze \$6,000		BlueChoice HMO Standard Platinum \$1,500		BlueChoice HMO HSA Bronze \$6,550		BlueChoice HMO HSA Standard Bronze \$6,200	
Plan ID (Standard Component ID):		86052DC0400001		86052DC0400002		86052DC0400003		86052DC0400004		86052DC0400005		86052DC0400006		86052DC0400007		86052DC0400008		86052DC0400009		86052DC0400010	
Exchange Plan?		Yes		Yes		No		Yes		No		No		Yes		Yes		No		Yes	
Historical Rate Increase - Calendar Year - 2		6.16%																			
Historical Rate Increase - Calendar Year - 1		-1.64%																			
Historical Rate Increase - Calendar Year 0		31.91%																			
Effective Date of Proposed Rates		1/1/2018		1/1/2018		1/1/2018		1/1/2018		1/1/2018		1/1/2018		1/1/2018		1/1/2018		1/1/2018		1/1/2018	
Rate Change % (over prior filing)		37.41%		38.98%		0.00%		32.29%		0.00%		0.00%		45.93%		36.08%		0.00%		0.00%	
Cumulative Rate Change % (over 12 mos prior)		37.41%		38.98%		0.00%		32.29%		0.00%		0.00%		45.93%		36.08%		0.00%		0.00%	
Proj'd Per Rate Change % (over Expir. Period)		40.70%		43.55%		-100.00%		40.76%		-100.00%		-100.00%		65.07%		34.88%		-100.00%		NDIV/OI	
Product Rate Increase %		39.47%																			

**Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)**

Plan ID (Standard Component ID):	Total	86052DC0400001	86052DC0400002	86052DC0400003	86052DC0400004	86052DC0400005	86052DC0400006	86052DC0400007	86052DC0400008	86052DC0400009	86052DC0400010	86052DC0400011
Inpatient	\$6.00	\$14.03	\$19.14	\$0.00	\$5.03	\$0.00	\$0.00	\$14.44	\$20.85	\$0.00	\$0.00	\$0.00
Outpatient	\$6.42	\$14.99	\$20.45	\$0.00	\$5.38	\$0.00	\$0.00	\$15.42	\$22.29	\$0.00	\$0.00	\$0.00
Professional	\$12.35	\$28.89	\$39.34	\$0.00	\$10.44	\$0.00	\$0.00	\$29.49	\$43.01	\$0.00	\$0.00	\$0.00
Prescription Drug	\$9.65	\$22.58	\$30.68	\$0.00	\$8.25	\$0.00	\$0.00	\$22.79	\$33.71	\$0.00	\$0.00	\$0.00
Other	\$2.05	\$4.79	\$6.51	\$0.00	\$1.75	\$0.00	\$0.00	\$4.83	\$7.16	\$0.00	\$0.00	\$0.00
Capitation	\$0.10	\$0.22	\$0.31	\$0.00	\$0.07	\$0.00	\$0.00	\$0.25	\$0.33	\$0.00	\$0.00	\$0.00
Administration	\$1.83	\$13.35	\$18.80	\$0.00	\$4.53	\$0.00	\$0.00	\$13.01	\$19.83	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$7.64	\$18.03	\$23.92	\$0.00	\$7.19	\$0.00	\$0.00	\$16.24	\$27.49	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$50.04	\$117.09	\$159.16	\$0.00	\$42.65	\$0.00	\$0.00	\$118.49	\$174.66	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	\$11.73	\$35.55	\$23.96	\$0.00	\$47.47	\$0.00	\$0.00	\$43.16	\$16.64	\$0.00	\$0.00	\$0.00
Average Current Rate PMPM	\$265.58	\$319.44	\$416.46	\$0.00	\$135.13	\$0.00	\$0.00	\$262.56	\$494.36	\$0.00	\$0.00	\$0.00
Projected Member Months	79,992	22,666	7,610	0	12,974	0	0	23,204	6,046	0	3,837	3,655

**Section III: Experience Period Information**

Plan ID (Standard Component ID):	Total	86052DC0400001	86052DC0400002	86052DC0400003	86052DC0400004	86052DC0400005	86052DC0400006	86052DC0400007	86052DC0400008	86052DC0400009	86052DC0400010	86052DC0400011
Plan Adjusted Index Rate	\$264.96	\$310.25	\$401.00	\$386.35	\$126.30	\$163.63	\$256.30	\$230.84	\$495.02	\$157.43	\$0.00	\$0.00
Member Months	104,790	9,204	6,987	10,190	9,733	20,786	20,619	7,243	10,194	9,924	0	0
Total Premium (TP)	\$26,679,763	\$2,792,149	\$2,580,934	\$3,703,332	\$819,258	\$3,690,095	\$5,314,459	\$1,548,535	\$4,649,102	\$1,581,900	\$0	\$0
EHB Percent of TP, [see instructions]	99.39%	99.39%	99.39%	99.39%	99.39%	99.39%	99.39%	99.39%	99.39%	99.39%	100.00%	100.00%
State mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.61%	0.61%	0.61%	0.61%	0.61%	0.61%	0.61%	0.61%	0.61%	0.61%	0.00%	0.00%
Total Allowed Claims (TAC)	\$24,217,227	\$2,115,791	\$2,627,108	\$4,654,698	\$679,432	\$1,958,796	\$4,216,080	\$927,160	\$7,662,762	\$624,600	\$0	\$0
EHB Percent of TAC, [see instructions]	99.39%	99.39%	99.39%	99.39%	99.39%	99.39%	99.39%	99.39%	99.39%	99.39%	100.00%	100.00%
State mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.61%	0.61%	0.61%	0.61%	0.61%	0.61%	0.61%	0.61%	0.61%	0.61%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$1,075,541	\$143,708	\$196,618	\$475,215	\$322,220	\$883,065	\$374,501	\$379,749	\$820,543	\$1,109,115	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$51,898	\$7,768	\$0	\$0	\$0	\$0	\$44,131	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	-4.83%	-5.41%	0.00%	0.00%	0.00%	0.00%	-11.78%	0.00%	0.00%	0.00%	NDIV/OI	NDIV/OI
Total Incurred claims, payable with issuer funds	\$25,292,768	\$2,259,499	\$2,430,490	\$4,179,483	\$157,212	\$2,841,860	\$4,590,582	\$1,306,909	\$6,842,219	\$484,515	\$0	\$0
Net Amt of Reim	\$871,148.68	\$71,346.47	\$118,270.30	\$170,964.65	\$21,899.25	\$149,743.18	\$159,831.91	\$52,178.86	\$101,219.66	\$71,492.89	\$0.00	\$0.00
Net Amt of Risk Adj	-\$7,931,419.71	-\$711,585.76	-\$283,107.67	-\$202,253.10	\$13,437.38	-\$2,416,513.89	-\$2,017,747.37	-\$936,682.08	\$340,591.31	-\$1,717,558.53	\$0.00	\$0.00
Incurred Claims PMPM	\$241.37	\$245.49	\$347.86	\$413.81	\$36.70	\$136.72	\$222.64	\$180.44	\$671.20	\$48.82	NDIV/OI	NDIV/OI
Allowed Claims PMPM	\$231.10	\$229.88	\$376.00	\$460.86	\$69.81	\$94.24	\$286.48	\$128.01	\$751.69	\$62.94	NDIV/OI	NDIV/OI
EHB portion of Allowed Claims, PMPM	\$229.69	\$228.47	\$373.70	\$458.04	\$69.38	\$93.66	\$283.23	\$127.23	\$747.10	\$62.55	NDIV/OI	NDIV/OI

**Section IV: Projected (12 months following effective date)**

Plan ID (Standard Component ID):	Total	86052DC0400001	86052DC0400002	86052DC0400003	86052DC0400004	86052DC0400005	86052DC0400006	86052DC0400007	86052DC0400008	86052DC0400009	86052DC0400010	86052DC0400011
Plan Adjusted Index Rate	\$405.39	\$436.53	\$575.62	\$0.00	\$177.78	\$0.00	\$0.00	\$381.05	\$669.02	\$0.00	\$318.39	\$475.68
Member Months	79,992	22,666	7,610	0	12,974	0	0	23,204	6,046	0	3,837	3,655
Total Premium (TP)	\$32,428,134	\$9,894,323	\$4,380,445	\$0	\$2,306,531	\$0	\$0	\$8,841,841	\$4,044,904	\$0	\$1,221,661	\$1,738,629
EHB Percent of TP, [see instructions]	99.35%	99.38%	99.47%	100.00%	98.84%	100.00%	100.00%	99.33%	99.51%	100.00%	99.24%	99.41%
State mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.65%	0.62%	0.53%	0.00%	1.16%	0.00%	0.00%	0.67%	0.49%	0.00%	0.76%	0.59%
Total Allowed Claims (TAC)	\$22,927,783	\$5,896,326	\$2,376,857	\$0	\$4,945,037	\$0	\$0	\$5,261,778	\$2,434,091	\$0	\$871,312	\$1,142,382
EHB Percent of TAC, [see instructions]	99.27%	99.38%	99.47%	100.00%	98.84%	100.00%	100.00%	99.33%	99.51%	100.00%	99.24%	99.41%
State mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.73%	0.62%	0.53%	0.00%	1.16%	0.00%	0.00%	0.67%	0.49%	0.00%	0.76%	0.59%

Allowed Claims which are not the issuer's obligation	\$3,018,288	\$215,921	-\$29,814	\$0	\$2,232,681	\$0	\$0	\$16,592	\$347,151	\$0	\$104,320	\$131,437
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$27,297	\$27,297	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.90%	12.64%	0.00%	#DIV/0!	0.00%	#DIV/0!	#DIV/0!	0.00%	0.00%	#DIV/0!	0.00%	0.00%
Total incurred claims, payable with issuer funds	\$19,909,496	\$5,680,405	\$2,406,671	\$0	\$2,712,356	\$0	\$0	\$5,245,186	\$2,086,940	\$0	\$766,993	\$1,010,945
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adj	-\$7,299,781	-\$2,661,242	-\$493,718	\$0	\$20,614	\$0	\$0	-\$3,503,322	\$154,320	\$0	-\$579,307	-\$237,127

# DC BlueChoice

## Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company	BlueChoice Inc.
SERFF tracking number	CFAP-131010729
Submission Date	5/1/2017
Product Name	BlueChoice

Market Type: ☒ Individual ☐ Small Group

Rate Filing Type: ☒ Rate Increase ☐ New Filing

### Scope and Range of the Increase:

The  % increase is requested because:

The main drivers of the 2018 rate increase are a) increased morbidity, b) an increase in expected risk adjustment transfer payments and c) trend of 8.1% and d.) the reintroduction of the Health Insurer Fee.

This filing will impact:

# of policyholder's  # of covered lives

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved  %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved  %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved  %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Product selection, changes in age factors, and changes in family composition.

### Financial Experience of Product

The overall financial experience of the product includes:

In 2016, a total of \$26.7 million in premium was collected and \$25.6 million in claims paid out and \$7.9 million paid in risk adjustment, for a loss ratio of 125.5%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$202.5 in premium and paid out \$146.2 million in claims and paid \$19.3 million in risk adjustment for a loss ratio of 81.7%.

The rate increase will affect the projected financial experience of the product by:

The proposed rate increases are aimed to bring the loss ratio for the combined Individual/small group pool up to a projected 80.2%.

## Components of Increase

The request is made up of the following components:

<b>Trend Increases –</b>	8.1	% of the	39.6	% total filed increase
1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.				
This component is	0.7	% of the	39.6	% total filed increase.
2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.				
This component is	7.3	% of the	39.6	% total filed increase.

<b>Other Increases –</b>	29.1	% of the	39.6	% total filed increase
1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.				
This component is	0.0	% of the	39.6	% total filed increase.
2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.				
This component is	4.4	% of the	39.6	% total filed increase.
3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.				
This component is	0.9	% of the	39.6	% total filed increase.
4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.				
This component is	2.0	% of the	39.6	% total filed increase.
5. Other – Defined as:				
End of federal reinsurance program, and higher anticipated risk adjustment payments.				
This component is	20.3	% of the	39.6	% total filed increase.